

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 JUN 17 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000027208

1. Limited Liability Company's Name

1 Sabal Island, LLC

400182271124
06/17/10--01051--009 **932.50
CR2E041 (05/10)

2. Principal Office Address - No P O Box #

1460 S. Ocean Blvd.

Suite, Apt #, etc

City & State

Manalapan, FL

Zip

33462

Country

USA

3 Mailing Office Address

74 Claredon Street

Suite, Apt #, etc

A

City & State

Boston, MA

Zip

02116

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

10/15/02

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Paul Roiff

Street Address (P O Box Number is Not Acceptable)

1460 S. Ocean Blvd.

Suite, Apt #, Etc

City

Manalapan

State

FL

Zip Code

33462

REINSTATEMENT

2005-10 804

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

[Handwritten Signature]

Date 6-14-10

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Title | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|-------|-----------------------------------|--|---------------------|
| MGR | Paul Roiff | 1460 S. Ocean Blvd. | Manalapan, FL 33462 |
| | | 1180 S. Ocean Blvd | LANTANA, FL 33462 |
| | | | |
| | | | |

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager

[Handwritten Signature]

Date 6-14-10

Daytime Phone # 617-266-1168

Typed or printed name of signing Managing Member/Manager PAUL ROIFF PRES