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LIMITE ZIABIL TY	AIDA	PARTITUAT OF STAT		E C ST	F ZD A V OP STATE	
COMPANY	S	Secretary of State		DIVIDIONO	F COMPORATIONS	
REINSTATEMENT	DIVIS	BION OF CORPORATIONS		O/ MAV .	-6 PM 12: 28	
DOCUMENT # L020000 32586					1.	
,				[~]	205/18/04	
1. Limited Liability Company's Name WS Biscayne Holdings LLC				,	1,104	
REINSTATEMENT ₂₀₀₃₋₂₀₀₄						
KEINS I AI EWEN	2002-2	nnV				
						
2. Principal Office Address 1159 Hillsburg Mile	3. Mailing Office Address Same		4 0 0 0			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State/Country of Formation		
				5. Date Organized or Qualified To Do Business in Florida Dec. \$ 2002		
City & State	City & State			· · · · · · · · · · · · · · · · · · ·		
Hillsberg Brach, Fla.			6. FEI Numl		Applied For Not Applicable	
33062 Country	Zip	Country	7		0 Additional Fee required	
330P5 112H			CERTIFICA	tor a Certificate of Status		
	8. N	ame and Address of Current Regi	stered Agent			
Name Tanaca	Fisher	.		البيرة البيرة البينة المست سينط البيرة البيرة البيرة	,	
Street Address (P.O. Box Number is Not Acceptable) 05/06/0401076012 **255.10						
Sulte, Apt. #, Etc.	1001				<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
Palm Beach				State Zip Code FL 33480		
9. I, being appointed the registers agent of t	he above harped limited	lability company, am familiar with	and accept the oblig	ations of Chapter 608, F.S.		
Signature of						
Registered Agent Date US OF OW						
10. Names and Sheet Addresses of Managin	ng Members/Managers					
Titles Name of Street Address of Each					to / Zin	
Managing Members/Managers		Managing Member/ Manager		Sity / Outo / Exp		
Hombe. Warren Sabl			1159 Hillsbere Mile		Hillsbore Brach, Fl. 33462	
Moon	,	· · · · · · · · · · · · · · · · · · ·				
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RFINSTA.	PERMEANT	2003-				
	n mannen ()	2004			<u></u>	
11. I certify that I am managing member/man	ager or the receiver or		application es provid	ded for in chapter 608 F.S. I for	ther cartify that when	
filing this reinstatement application the rea all fees owed by the limited liability compa	son for dissolution has t ny have been paid. The	peen eliminated, the limited liability of information indicated on this application	ompany name satisf tion is true and accu	les the requirements of section (rate, and my signature shall hav	608.406, F.S., and that the same legal effect	
as if made under oath.						
as if made under path. Signature of Manager Date of Lux of Date of Lux of Daytime Phone # 954. 427. 25 25 Typed or printed name of signing Managing Member/Manager Warren Sabloff						
Typed or printed name of signing Managing Member/Manager Warren Sabloff						
THE STATE OF						