
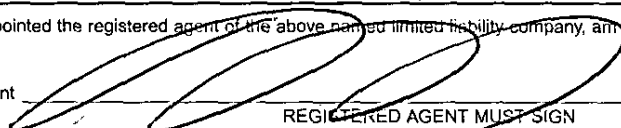
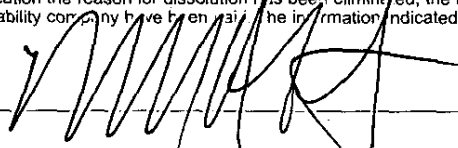


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; justify-content: space-between; align-items: center;"><div style="text-align: left;">LIMITED LIABILITY COMPANY FINST</div><div style="text-align: center;"> FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</div><div style="text-align: right;">FILED 03 OCT 11 5 AM 8:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div></div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">L02000034060</div>																									
DOCUMENT # L02000034060																									
1. Limited Liability Company's Name NENA MESA 10TH LLC																									
2. Principal Office Address 6542 HYPOLUXO RD #284 LAKE WORTH FL 33467																									
3. Mailing Office Address 6542 HYPOLUXO RD #284 LAKE WORTH FL 33467																									
4. State/Country of Formation FLORIDA																									
5. Date Organized or Qualified To Do Business in Florida 12/18/02																									
6. FEI Number 81-0586413																									
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status																									
8. Name and Address of Current Registered Agent Name: CAROTE, BEATRIZ M ESQ Street Address (P.O. Box Number is Not Acceptable): 799 BRICKELL PLAZA, SUITE, 700 City: MIAMI FL 33131 State: FL Zip Code: 330023816373 10/15/03--01048--001 **150.00																									
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:  Date: 10-14-03 REGISTERED AGENT MUST SIGN																									
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Titles</th><th>Name of Managing Members/Managers</th><th>Street Address of Each Managing Member/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>MLR</td><td>FURSTMAN MARC K</td><td>6542 HYPOLUXO RD #284</td><td>LAKE WORTH FL 33467</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>		Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MLR	FURSTMAN MARC K	6542 HYPOLUXO RD #284	LAKE WORTH FL 33467																
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11. 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:  Date: 10-14-03 Daytime Phone #: 917-345-0140 Typed or printed name of signing Managing Member/Manager: <div style="text-align: center; font-size: 1.5em; font-weight: bold; margin-top: 10px;">REINSTATEMENT 03 dec</div>																									

CR2E041 (9/01)