1200.00

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 FEB -8 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Orlando Madison Ivy, LLC

2. Principal Office Address		3. Mailing Office Address	
6401 S.W. 87 Avenue		6401 S.W. 87 Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 107		Suite 107	
City & State		City & State	
Miami, Florida		Miami, Florida	
Zip	Country	Zip	Country
33173	U.S.A	33173	U.S.A

4. State/Country of Formation: Florida, U.S.A

5. Date Organized or Qualified To Do Business in Florida: 12/23/2002

6. FEI Number: 51-0439035 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

8. Name and Address of Current Registered Agent

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02/14/06--01037--019 **300.00

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive

Suite, Apt. #, Etc.: Suite 4

City: Weston | State: FL | Zip Code: 33331

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: Patricia M. Rice — Date: 2-8-06

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Oak Care, LLC	84 Business Park Drive	Armonk, New York 10504
	REINSTATEMENT	2005-2006	

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 608.408, 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. Orlando Madison Ivy, LLC

Signature of Managing Member/Manager: By: Oak Care, LLC, its Managing Member — By: JOC Manager, LLC, its Managing Member — Date: 2-7-06

Daytime Phone #: 914-273-1200

Typed or printed name of signing Managing Member/Manager: William K. Madden, Managing Member

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