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CORPORATIONS SYSTEM

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Division of Corporations

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DIVISION OF CORPORATIONS

LIMITED LIABILITY REINSTATEMENT

ERLIMER ASSOCIATES, L.L.C.

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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L03000008637			
1. Limited Liability Company's Name <u>Erimer Associates, L.L.C.</u>			
2. Principal Office Address <u>318 N. Carson Street</u> Suite, Apt. #, etc. <u>Suite 214</u> City & State <u>Carson City, NV</u> Zip Country <u>89701 USA</u>		3. Mailing Office Address <u>318 N. Carson Street</u> Suite, Apt. #, etc. <u>Suite 214</u> City & State <u>Carson City, NV</u> Zip Country <u>89701 USA</u>	
4. State/Country of Formation <u>Florida</u>		5. Date Organized or Qualified To Do Business in Florida <u>3/10/2003</u>	
6. FEI Number <u>86-0868725</u>		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒ \$1.00 When used for required fee to apply for reinstatement.			

8. Name and Address of Current Registered Agent	
Name <u>Randi M. Krongold, Esq.</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>201 Alhambra Circle</u>	
Suite, Apt. #, Etc. <u>Suite 801</u>	
City <u>Coral Gables</u>	State Zip Code <u>FL 33134</u>

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 806, F.S. Signature of Registered Agent <u>[Signature]</u> Date <u>3/22/05</u> REGISTERED AGENT MUST SIGN			
10. Name and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
MGR	Kraus Investments, Limited Partnership	318 N. Carson Street, Suite 214	Carson City, NV 89701
11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 806, 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 808.406, 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 <u>Emanuel V. DiNatale</u>		Date <u>3/25/05</u>	Daytime Phone# <u>(412) 281-1001</u>
Typed or printed name of signing Managing Member/Manager <u>Emanuel V. DiNatale, Secretary of Kraus Investments, Inc. the General Partner of the Manager.</u>			