L03000015544

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 15 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000015544

1. Limited Liability Company's Name

MM WESTPOINT II, LLC

04

2. Principal Office Address	3. Mailing Office Address
1096 East Newport Center Drive	same
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc.
City & State Deerfield Beach, Florida	City & State
Zip 33442 Country U.S.A.	Zip Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: April 30, 2003

6. FEI Number: 65-1034352 ☐ 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: Louise J. Allen

Street Address (P.O. Box Number is Not Acceptable): 200 East Broward Boulevard

Suite, Apt. #, Etc.: Suite 1900

City: Fort Lauderdale State: FL Zip Code: 33301

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 2/8/05

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
MGR.	Malcolm Butters	1096 East Newport Center Drive Suite 100	Deerfield Beach, FL 33442
			700046656457
	REINSTATEMENT 2004-2005		
		DK	

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 2/8/05 Daytime Phone # 954-570-8111

Typed or printed name of signing Managing Member/Manager Malcolm Butters

L03000015544 file 1st

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 205339 4133D

AUTHORIZATION : Patricia Pigott

COST LIMIT : $ 205.00

ORDER DATE : February 15, 2005

ORDER TIME : 1:40 PM

ORDER NO. : 205339-005

CUSTOMER NO: 4133D

CUSTOMER: Ms. Betty Keith
Stearns Weaver Miller
Suite 1900
200 East Broward Boulevard
Ft. Lauderdale, FL 33301

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05 FEB 16 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

RECEIVED
05 FEB 15 PM 2:38
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: MMM WESTPOINT II, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

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TALLAHASSEE, FLORIDA

CONTACT PERSON: Amanda Haddan - Ext# 2955

EXAMINER'S INITIALS _____