


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 MAR 12 AM 8:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L03000024662

1. Limited Liability Company's Name

Williow Tree Properties, L.L.C.

2. Principal Office Address - No P.O. Box # 2855 Bloor Street West		3. Mailing Office Address 2855 Bloor Street West	
Suite, Apt. #, etc. Unit 710		Suite, Apt. #, etc. Unit 710	
City & State Toronto, Ontario		City & State Toronto, Ontario	
Zip M8X 3A1	Country Canada	Zip M8X 3A1	Country Canada

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 06/30/2003	
6. FEI Number 58-2412319	Applied For Not Applicable
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  
Lefkowitz, Ivan M.

Street Address (P.O. Box Number is Not Acceptable)  
430 North Mills Avenue

Suite, Apt. #, Etc.  
Suite 4

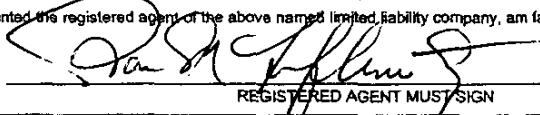
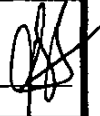
City  
Orlando

State  
FL

Zip Code  
32803

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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.

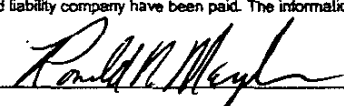
Signature of Registered Agent  Date 3/2/07 

REGISTERED AGENT MUST SIGN

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	Ronald N. Magruder	2855 Bloor Street West, Unit 710	Toronto Ontario M8X 3A1
			900092639159 03/14/07--01041--021 **250.00
			REINSTATEMENT 05-07

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 Feb 23, 2007 Daytime Phone # 416-557-4172  
416-627-3429

Typed or printed name of signing Managing Member/Manager Ronald N Magruder, Manager