





2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000026182 1. Entity Name PHYTRUST HOLDINGS, LLC						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">06 NOV -9 PM 4:44</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> 	
Principal Place of Business 13680 NW 5TH ST., STE. 100 SUNRISE, FL 33325				Mailing Address 13680 NW 5TH ST., STE. 100 SUNRISE, FL 33325			
2. Principal Place of Business		3. Mailing Address		PSK			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. 350 EAST LAS OLAS BLVD., STE. 1600 FORT LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 30%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> Jeffrey D. Butterfield Assistant Secretary </div> <div style="width: 30%; text-align: right;"> 11/9/06 <small>DATE</small> </div> </div> <div style="text-align: center; font-size: 0.8em; margin-top: 5px;">(NOTE: Registered Agent signature required when reinstating)</div>							
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLLINS, KEITH CEO <input type="checkbox"/> Delete 13680 NW 5TH ST, SUITE 100 SUNRISE, FL 33325			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> 500081910875 11/17/06--01055--014 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NATKOW, NEIL STR ADV <input checked="" type="checkbox"/> Delete 13680 NW 5TH ST, SUITE 100 SUNRISE, FL 33325			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE  (Keith Collins) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				11/06/06 <small>Date</small>		954-294-4074 <small>Daytime Phone #</small>	