PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE COMPANY Secretary of State 08 MAY 23 PH 3: 33 REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # L03000026366 1. Limited Liability Company's Name 300123780453 04/16/08--01041--013 \*\*\*327,50 JEDAMI WATERFRONT PROPERTIES, LLC CR2E041 (12/07) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 8551 W. Sunrise Boulevard 8551 W. Sunrise Boulevard 4. State/Country of Formation Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified 102 102 To Do Business in Florida 7/18/03 City & State City & State FEI Number Plantation, Florida Plantation, Florida 20-0110949 Country Zip Country CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status **USA** 33322 33322 USA 8. Name and Address of Current Registered Agent Name ✓ A \$100 reinstatement fee is imposed, except Herman, Robert M. P.A. in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable) receive the prior notices. By checking this 8551 W. Sunrise Boulevard box, you are certifying the prior notices were Suite, Apt. #, Etc. not received and requesting the \$100 102 reinstatement be waived. City Zin Code **Plantation** 33322 9. I, being appointed the registe ited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Member/Manager Titles City / State / Zip MGRM Baez-Burns, Jennifer 1284 SW 143 Court Miami, Florida 33184

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 will filling 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

EINSTAITEN

- 15 - Date 4/3/08 Daytime Phone (305) 227 - 1803

Applied For

Not Applicable

Typed or printed name of signing Managing Member/Manager

Jennifer Baez-Burns

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