2007 LIMITED LIABILITY COMPANY

REINSTATEMENT							
DOCUMENT # L04000028144					FILED	,	
Entity Name DIMARE RUSKIN #2, LLC							
DIMARLI	1001111 #2, E20		3		2007 APR 17 AM 10: 04		
Principal Place of Business Mailing Address					SECRETARY OF STATE		
P.O. BOX 967 RUSKIN, FL 33570-0967		P.O. BOX 967 RUSKIN, FL 33570-0967		SECRETARY OF STATE TALLAHASSEE. FLORIDA			
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122007 REIN-LLC CR2E101	1 (1/07)		
City & State		City & State			4. FEI Number 59-0779833	Applied For Not Applicable	
Zip Country		Zip	Country			5.00 Additional e Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Age	ent —	
SACHER, CHARLES P			Name	Name			
2655 LEJE	UNE RD, STE 1101		Street	et Address (P.O. Box Number is Not Acceptable)			
CORAL GABLES, FL							
			City		FL	Zip Code	
		or the purpose of changing its	registered office	or register	red agent, or both, in the State of Florida. ‡am fam	niliar with, and accept	
ille obligati	ons of registered agent.						
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SIGNATURE _	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered Agent si	gnature requir	red when reinstating) DATE		
	Signature, typed or printed name of registered agent	In accordance with s liability company did	s. 607.193(2)(b), F.S., the	e limited Make check pays		
	. 	In accordance with s liability company did	s. 607.193(2)(b), F.S., the	e limited Make check pays		
FILE 9.	NOW!!! FEE IS \$100.00 MANAGING MEMB MGR	In accordance with s liability company did	10.), F.S., the	e limited Make check pays tice. Florida Department ADDITIONS/CHANGES		
FILE	NOW!!! FEE IS \$100.00	In accordance with s liability company did ERS/MANAGERS	6. 607.193(2)(b not receive the), F.S., the	e limited Make check pays tice. Florida Department ADDITIONS/CHANGES	change Addition	
FILE 9. TITLE NAME	MANAGING MEMB MGR DIMARE, ANTHONY J US 41 N. RUSKIN 5715 RUSKIN, FL 335700967	In accordance with s liability company did ERS/MANAGERS	s. 607.193(2)(b not receive the), F.S., the	e limited tice. Make check pays Florida Department ADDITIONS/CHANGES 20010101797012 05/08/0701017006 **	Change Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MOWIII FEE IS \$100.00 MANAGING MEMB MGR DIMARE, ANTHONY J US 41 N. RUSKIN 5715 RUSKIN, FL 335700967 CFO	In accordance with s liability company did ERS/MANAGERS	5. 607.193(2)(b not receive the not receive th), F.S., the	e limited tice. Make check pays Florida Department ADDITIONS/CHANGES 20010101797012 05/08/0701017006 **	Change Addition	
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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: And Typed on Printed name of Signing Managing Member, Manager, on Authorized Representative Date

305-245-4211