

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -7 AM 8:12

DOCUMENT # L04000056658

1. Limited Liability Company's Name

WHIPPLETREE HOLDINGS
L.L.C.

2. Principal Office Address

1499 NE 32ND ST.

Suite, Apt. #, etc.

3. Mailing Office Address

1499 NE 32ND ST

Suite, Apt. #, etc.

City & State

OAKLAND PARK

City & State

OAKLAND PARK

Zip

33334

Country

U.S.A.

Zip

33334

Country

U.S.A.

4. State/Country of Formation

U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

July 28/2004

6. FEI Number

☒ 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

MARK NOEL

Street Address (P.O. Box Number is Not Acceptable)

1499 NE 32ND STREET

Suite, Apt. #, Etc.

City

OAKLAND PARK

State

FL

Zip Code

33334

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

Mark Noel
REGISTERED AGENT MUST SIGN

Date NOV. 30. /06

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
MEM	JANE ELLIOTT	1499 NE 32ND ST.	OAKLAND PARK FLORIDA 33334
MEM	MARK NOEL	1499 NE 32ND ST.	OAKLAND PARK FLORIDA 33334

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

Jane Elliott

Date NOV 30 /06

Daytime Phone #

954-309-8901

Typed or printed name of signing Managing Member/Manager

JANE ELLIOTT