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OCT 31 2005 3:10 PM FR PROSKAUER ROSE 561 241 7145 TO 5058250383001#18 P.01

Division of Corporations

H05000253817

Florida Department of State

Division of Corporations

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To:
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Fax Number : (850)205-0383

From:
Account Name : PROSKAUER ROSE LLP
Account Number : 074673001063
Phone : (561)995-4704
Fax Number : (561)241-7145

05 OCT 31 PM 3:29
RECEIVED
DIVISION OF CORPORATION

05 OCT 31 A 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

BRIDLE FARMS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$150.00

Name Availability	
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OCT 31 2005 3:10 PM FR PROSKAUER ROSE 561 241 7145 TO 5063#2339300l#18 P.02

H05000253817

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

2005 OCT 31 A 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000057799

1. Entity Name
BRIDLE FARMS, LLC

Principal Place of Business	Mailing Address
16720 SENTERRA DRIVE DELRAY, FL 33484 US	16720 SENTERRA DRIVE DELRAY, FL 33484 US

10192005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MANA, MOSHE
16720 SENTERRA DRIVE
DELRAY, FL 33484

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE ________ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating

FILE BEFORE ... FEE IS $150.00
After January 1, 2006, Fee will be $200.00

Make checks payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: DILLSCAPE LLC STREET ADDRESS: 16720 SENTERRA DRIVE CITY-ST-ZIP: DELRAY, FL 33484	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP REINSTATEMENT 05	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition CC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Barry Wkrat, President of Managing Member 10/20/05 561-496-4196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

H05000253817

** TOTAL PAGE.02 **