PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 20 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT # L04000069761

1. Limited Liability Company's Name
IN THE PINES FLORIDA, LLC

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 12100 Wilshire Blvd. | |
| Suite, Apt. #, etc.: Suite 250 | Suite, Apt. #, etc. |
| City & State: Los Angeles, CA | City & State |
| Zip: 90025 Country: USA | Zip Country |

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 09/24/2004

6. FEI Number: 201670794 ☐ 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: NRAI Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive
Suite, Apt. #, Etc.: Suite 4
City: Westone State: FL Zip Code: 33331

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: Carol Shelton, Asst. Secretary Date: 10-20-05
REGISTERED AGENT MUST SIGN

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 |
|---|---|---|---|
| Mgr | IN THE PINES MEMBER, LLC | 12100 Wilshire Blvd. | Los Angeles, CA 90025 |
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REINSTATEMENT 2005

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: Date: 10-20-05 Daytime Phone #: (310) 826-7301

Typed or printed name of signing Managing Member/Manager: Richard J. Nathan