

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

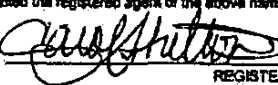
LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000069761			
1. Limited Liability Company's Name IN THE PINES FLORIDA, LLC			
2. Principal Office Address 12100 Wilshire Blvd.		3. Mailing Office Address	
Suite, Apt. #, etc. 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			

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

CR2E041 (8/05)

Handwritten initials

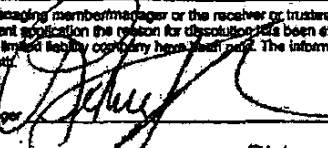
8. Name and Address of Current Registered Agent	
Name NRAI Services, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive	
Suite, Apt. #, Etc. Suite 4	
City Westone	State FL
Zip Code 33331	

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, 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			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	IN THE PINES MEMBER, LLC	12100 Wilshire Blvd.	Los Angeles, CA 90025

REINSTATEMENT 2005

600060848046
10/21/05-01005-005 **\$5.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 603.406, 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) 828-7301
Typed or printed name of signing Managing Member/Manager Richard J. Nathan	