2007 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE:

DOCUMENT # L04000078041 2007 APR 25 AH 10: 21 HIRT FAMILY HOLDINGS, LLC SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 220 WEST SAN MARINO DRIVE 220 WEST SAN MARINO DRIVE MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite, Apt, #, etc. 03062007 REIN-LLC CR2E101 (1/07) 4. FEI Number Applied For City & State City & State 20-1817936 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FIELDSTONE, RONALD R Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBA CIRCLE, SUITE 601 CORAL GABLES, FL 33134 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$200.00 Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGR TITLE ☐ Change TITLE ☐ Delete Addition HIRT, FRED NAME NAME 000101935630 STREET ADDRESS 220 WEST SAN MARINO DRIVE STREET ADDRESS 05/09/07--01008--014 CITY-ST-ZIP **200 CITY-ST-ZIP MIAMI BEACH, FL 33139 TITLE Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE -> 🗀 Change Addition TITLE PERSTATERIAN NAME NAME 06-07 STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-RP CITY-ST-ZIP ☐ Delete TITLE Channe Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. Thereby 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 expect this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-06-08

Daytime Phone #

FILED