

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT -9 AM 10:01

DOCUMENT # L05000040333

1. Entity Name  
POH, LLC



Principal Place of Business  
200 SOUTH BISCAYNE BOULEVARD STE 4000  
MIAMI, FL 33131

Mailing Address  
200 SOUTH BISCAYNE BOULEVARD STE 4000  
MIAMI, FL 33131

2. Principal Place of Business  
555 NE 34th Street

3. Mailing Address  
555 NE 34th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10032006 REIN-LLC CR2E101 (11/05)

City & State Miami, FL

City & State Miami, FL

4. FEI Number 59-2344531

Applied For  
Not Applicable

Zip 33137

Country

Zip 33137

Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CORPORATE INTERNATIONAL REGISTERED AGENTS,  
200 SOUTH BISCAYNE BOULEVARD STE 4000  
MIAMI, FL 33131

## 7. Name and Address of New Registered Agent

Name SunTrust Bank

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

Attn: William Jones

777 Brickell Ave., #200

City Miami

FL

Zip Code 33131

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

*William J. Jones*

William J. Jones, SVP

10/04/2006

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2007, Fee will be \$200.00

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE Manager ☐ Delete  
NAME Henry Eckstein  
STREET ADDRESS 555 N.E. 34th Street  
CITY - ST - ZIP Miami, FL 33137

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE ☐ Delete  
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STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME 800080645878  
STREET ADDRESS 10/10/06--01009--029 \*\*155.00  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. I hereby 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 execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Henry J. Eckstein*  
HENRY J. ECKSTEIN

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

Date 10/4/2006 3055766555  
Daytime Phone