2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 OCT 23 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000041976

1. Entity Name
WOODFIELD ELITE HOLDINGS, LLC

10172007 REIN-LLC CR2E101 (1/07)

Principal Place of Business	Mailing Address
19934 SCRIMSHAW WAY JUPITER, FL 33458	19934 SCRIMSHAW WAY JUPITER, FL 33458

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3801 N.E. 207TH AVE	3801 N.E. 207TH AVE
Suite, Apt. #, etc. APT #205	Suite, Apt. #, etc. APT #205
City & State AVENTURA, FL	City & State AVENTURA, FL
Zip 33180 Country	Zip 33180 Country

4. FEI Number
26-0115013
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BEN-OR, URI 19934 SCRIMSHAW WAY JUPITER, FL 33458	Name Street Address (P.O. Box Number is Not Acceptable) 3801 N.E. 207TH AVENUE APT. 205 AVENTURA City FL Zip Code 33180

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: B. Ben-Or 10/17/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
After January 1, 2008, Fee will be $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BEN-OR, URI 19934 SCRIMSHAW WAY JUPITER, FL 33469	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3801 NE 207th AVENUE, APT 205 AVENTURA, FL 33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300111195643 10/23/07--01023--005 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 2007
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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 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: B. Ben-Or 10/17/07 561-2540504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #