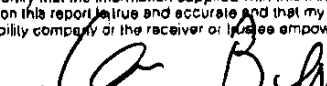


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

DOCUMENT # L05000041976			
1. Entity Name WOODFIELD ELITE HOLDINGS, LLC		2007 OCT 23 PM 1:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 19934 SCRIMSHAW WAY JUPITER, FL 33458		Mailing Address 19934 SCRIMSHAW WAY JUPITER, FL 33458	
2. Principal Place of Business - No P.O. Box # 3801 N.E. 207TH AVE Suite, Apt. #, etc. APT #205 City & State AVENTURA, FL Zip 33180		3. Mailing Address 3801 N.E. 207TH AVE Suite, Apt. #, etc. APT #205 City & State AVENTURA, FL Zip 33180	
4. FEI Number 26-0115013		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		10172007 REIN-LLC CR2E101 (1/07)	
6. Name and Address of Current Registered Agent BEN-OR, URI 19934 SCRIMSHAW WAY JUPITER, FL 33458		7. Name and Address of New Registered Agent 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  Signature typed or printed name of registered agent and title if applicable.		10/17/07 (NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$60.00 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.	
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	3801 NE 207TH AVENUE, APT 205 AVENTURA, FL 33180 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300111185643 10/23/07--01023--005 **50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2007 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LS ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 licensee empowered to execute this report as required by Chapter 608, Florida Statutes.			
*SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		10/17/07 561-2540504 Date Daytime Phone	