## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE OIVISION OF CORPORATIONS

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DOCUMENT #L05000045612						<b>  { Y/\</b>		
Limited Liability Company's Name						/		
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WHIT	TFORD HO	OLDINGS, LLC			Attached Control		001627490	4n
					()d	11/	12/0901003001	** <del>1</del> 38.75
		,			O 1		CR2E041 (11/09)	
2. Principa	al Office Addre	ess - No P.O. Box #	3. Mailing Off	fice Addres	s		CK2E041 (11/05)	
c/o Ru	JS, 201 Blvc	¸S. Bŵscayne	c/o RJS	S Biscayne Blvd.		4. State/Count	ry of Formation	
Suite, Apt. i		1	Suite, Apt. #, etc.			Florida, USA		
1500			1500			5. Date Organized or Qualified To Do Business in Florida 5-9-2005		
City & State			City & State					
Miami, Florida			Miami, Florida			6. FEI Numbe	<del></del>	Applied For
Zip	Zip Country		Zip Country			7.		Not Applicable
3313	31	USA	33131		USA	CERTIFICATE	OF STATUS DESIRED 55.00 Additi	onal Fee required ficate of Status
8. Name and Address of Current Registe								
Name						A \$100 rejectotement for in improved expert		
Corporation Company of Miami, c/o				RUS ( b//		A \$100 reinstatement fee is imposed, except in circumstances which the entity did not		
Street Address (P.O. Box Number is Not Acceptable)						receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.		
201 S. Biscayne Blvd. Suite, Apt. #. Etc.								
Suite 1500								
City State Zip Code						remstat	ement be walved.	
Miami   FL   33131								
9. I, being					mpany, am familiar with and	accept the obligati	ons of Chapter 608, F.S.	
Signature o	of .	SEPORATION COM	BANY OF MI	MI			44 /40 /00	
Registered		- fear	1 100	NT MUST	PICN COT : 5 -	<del></del>	Date 11/10/09	
		KAYL J. SALK	7 7	INT MICOT	SIGN , PRESIDE	V7		
10. Name	es and Street	Addresses of Managing Men	nbers/Mariagers				<del></del>	
Titles		Name of			Street Address of Each	1 I		
	<u> </u>	Managing Members/Manage	ers		Managing Member/Mana		City / State / Zip	
MGR	<del> </del>	Managing Members/Manago		201	Managing Member/Mana S. Biscayne Bl	ger	•	<del> </del>
MGR	<del> </del>			201		ger	•	
MGR	<del> </del>			201	S. Biscayne Bl	yd., 1500	Miami, FL 33131	<b>40</b> **100.00
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11. E-mail 12. I certif filing to all fees	Lourdes  Address: Pi fy that I am ma his reinstatems s owed by the nade under oa	REINSTATE  murray@shutts.or  anaging member/manager or ent application the reason for limited liability company have	indeguy  MENT  Com  The receiver or tr dissolution has be	To be used frustee empresen elimina	for future annual report notification where d to execute this applicated, the limited liability compindicated on this application	yd., 1500	Miami, FL 33131  1001627430 12/0901003002  1001627430 12/0901003003	** I JU . JU

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## AUTHORIZATION FOR ONLINE FILING OF ANNUAL REPORT OF WHITFORD HOLDINGS, LLC

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Timited liability company (hereinafter, the "Company") does hereby authorize Raul J. Salas, esq., Patrick L. Murray, or Cavell Anderson of charter a re-Esq., Patrick L. Murray, or Cavell Anderson of Shutts & Bowen LLP to file an online 2009 Annual Report with the Florida Department of State (hereinafter, the "Annual Report") on behalf

of the Company. on behalf of the Company to take such additional actions as they deem necessary or appropriate to file the Annual Report on behalf of the Company, including but not limited to, providing the undersigned's electronic signature by typing the name of the undersigned in the signature block of the Annual Report prior to filing. In addition, the above named individuals are authorized and directed in the name of and

valid execution and acceptance of these Minutes by the signing/transmitting party-The facsimile or electronic transmission of the signed signature page will constitute a

Effective Date: NOVEMBEL CG, 2009

WHITFORD HOLDINGS, LIC

Lourdes Lauthe Harguindeguy, Manager