


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

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| DOCUMENT # L05000050277 | |  |
| 1. Entity Name 6159 LAKE WORTH, L.L.C. | | |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB -8 AM 10:29

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| Principal Place of Business 7954 N.W. 109 LANE PARKLAND, FL 33468 33076 | Mailing Address 7954 N.W. 109 LANE PARKLAND, FL 33468 33076 |
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| 2. Principal Place of Business - No P.O. Box # 7965 NW 109 LANE | 3. Mailing Address 7965 NW 109 LANE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

01312007 REIN-LLC CR2E101 (1/07)

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|------------------------------------|------------------------------------|-----------------------------|-------------------------------|
| City & State PARKLAND, FL 33076 | City & State PARKLAND, FL 33076 | 4. FEI Number 20-2897917 | Applied For Not Applicable |
| Zip 33076 | Country USA | Zip 33076 | Country USA |

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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent FEINBERG, JEFFREY ESQ FEINBERG & MAIDENBAUM 4000 HOLLYWOOD BOULEVARD, SUITE 350-N HOLLYWOOD, FL 33021 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$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 |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEMBER/DIRECTOR BONNIE COHEN 7965 NW 109 LANE PARKLAND, FL 33076 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800088225068 02/13/07--01035--007 **1000 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | REINSTATEMENT 06-07 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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.

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|---|---------------------|-----------------|
| SIGNATURE: <u>Bonnie Cohen</u> | Date: <u>2/6/07</u> | Daytime Phone # |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | |