PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.						
LIMITED LIABILITY COMPANY REINSTATEMENT			FILED 10 MAY 26 PM 4:03			
DOCUMENT # L05000068810 1. Limited Liability Company's Name			TALLAHASSEE, FLORIDA			
1450 Property Holdings, LLC			05/25/1001033-002 **555.00 CR2E041 (11/09)			
2. Principal Office Address - No P.O. Box # 3. Mailing Of						
		Hollywood Boulevard		4. State/Country of Formation Florida		
Suite, Apt. #, etc. Suite, Apt. #.				5. Date Organized or Qualified		
City & State City & State				// 12/		
Hollywood, Florida	Hollywood,	Florida	6. FEI Number Applied For 26-0125845 Not Applicable			
Zip Country 33020 USA	Zip -	Country	7. CERTIFICATE		0 Additional Fee required	
33020 USA 8. Name and Address o	33020	USA			or a Certificate of Status	
Name <u>Bruce J. Smoler</u> Street Address (P.O. Box Number is Not Acceptable <u>2611 Hollywood Boulevard</u> Suite, Apt. #, Etc. City	State Zip Code	X A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.				
Hollywood FL 33020 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.						
Signature of Registered Agent Agent Agent MUST SIGN						
10. Names and Street Addresses of Managing Mer	nbers/Managers			I <u></u>		
Titles Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / Stat	e / Zip	
MGRM Bruce J. Smoler		2611 Hollywood Blvd.		Hollywood, Fl	orida 33020	
REINSTA	TEMEN	רפיי		S. HAWKES		
		ENI		MAY_2_6_2010		
				EXAMINER		
11. E-mail Address:bsmoler@slbwlaw.com						
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608,406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. Signature of Manager Date Date 954-912-2311						
Typed or printed name of signing Managing Meenber/Manager						