

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 NOV 26 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000080425

1. Limited Liability Company's Name

PALM TREE INVESTMENT PROPERTIES I, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 100 W. CYPRESS CREEK ROAD		3. Mailing Office Address 100 W. CYPRESS CREEK ROAD	
Suite, Apt. #, etc. 700		Suite, Apt. #, etc. 700	
City & State FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL	
Zip 33309	Country USA	Zip 33309	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 08/16/2005	
6. FEI Number 20-3321358	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
ALAN B. COHN

Street Address (P.O. Box Number is Not Acceptable)
100 W. CYPRESS CREEK ROAD

Suite, Apt. #, Etc.
700

City
FORT LAUDERDALE

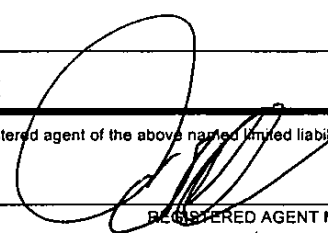
State
FL

Zip Code
33309

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.

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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  Date 11/19/08

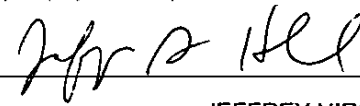
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgrm	Tami L. Siegal Revocable Trust	1203 Trails Edge Drive	Hubbard, OH 44425
mgrm	Sandra Hirschl	1203 Trails Edge Drive	Hubbard, OH 44425
mgrm	Jeffrey Hirschl	1203 Trails Edge Drive	Hubbard, OH 44425

REINSTATEMENT
2008

11. 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 Managing Member/Manager  Date 11/18/08 Daytime Phone # 330-518-7572

Typed or printed name of signing Managing Member/Manager JEFFREY HIRSCHL