
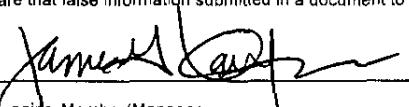


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>11 NOV -4 AM 11:29</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>  <b>700213989987</b> <b>11/04/11--01015--002 **516.25</b>  CR2E041 (1/11)	
<b>DOCUMENT # L05000100432</b> 1. Limited Liability Company's Name  <b>Sebring Professional Plaza LLC</b>					
2. Principal Office Address - No P.O. Box # <b>3775 Wild Orchid Ln</b>  Suite, Apt. #, etc.		3. Mailing Office Address <b>3775 Wild Orchid Ln</b>  Suite, Apt. #, etc.		4. State/Country of Formation <b>Florida</b>	
City & State <b>Fort Pierce, FL</b>		City & State <b>Fort Pierce, FL</b>		5. Date Organized or Qualified To Do Business in Florida <b>10/11/2005</b>	
Zip <b>34981</b>	Country <b>usa</b>	Zip <b>34981</b>	Country <b>usa</b>	6. FEI Number <b>203581042</b> <div style="float: right;"><input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</div>	
8. Name and Address of Current Registered Agent Name <b>James Kaufman</b> Street Address (P.O. Box Number is Not Acceptable) <b>3775 Wild Orchid Ln</b> Suite, Apt. #, Etc.  City <b>Fort Pierce</b>				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>  E-mail Address:  <b>jkaufman01@msn.com</b> (To be used for future annual report notices)	
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.  <b>Signature of Registered Agent</b> _____ <b>Date</b> _____ <div style="text-align: center;"><b>REGISTERED AGENT MUST SIGN</b></div>					
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	<b>James Kaufman</b>	<b>3775 Wild Orchid Ln</b>	<b>Fort Pierce, FL 34981</b>		
mgrm	<b>Joseph Petrole</b>	<b>1200 ANASTASIA AVE, SUITE 320</b>	<b>Coral Gables, FL 33134</b>		
<b>REINSTATEMENT 09-11</b>					
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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
<b>Signature of Managing Member/Manager</b>  <b>Date</b> <b>10/31/11</b> <b>Daytime Phone #</b> <b>954 298 7950</b> Typed or printed name of signing Managing Member/Manager _____					

NOV - 7 2011