850-245-6030 ATTN: KAREN SALY

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 MAR -2 AM 10: 39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000022311

REINSTATEMENT 07-11

1. Limited Liability Company's Name

Willowbrook, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
618 St. Germain Ave		618 St. Germain Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Toronto Ontario		Toronto Ontario	
Zip	Country	Zip	Country
M5M 1X5	Canada	M5M 1X5	Canada

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 3/1/2006

6. FEI Number: ☐ Applied For ☑ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Erick Magno P.L.

Street Address (P.O. Box Number is Not Acceptable): 1110 Brickell Avenue

Suite, Apt. #, Etc.: Suite 310

City: Miami | State: FL | Zip Code: 33131

E-mail Address:
000196318030
03/01/11--01002--003 **823.75

sharibeth@rogers.com
(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.

Signature of Registered Agent _____ Date _____
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
MGR	Shari Naimer	618 St. Germain Ave	Toronto Ontario M5M 1X5 Cana

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.

Signature of Managing Member/Manager _____ Date Feb 14/11 Daytime Phone # 305-379-4400

Typed or printed name of signing Managing Member/Manager: Shari Naimer, Manager