2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000046242 1. Entity Name SSH SLIP 125, LLC Principal Place of Business 100 SE 2ND STREET SUITE 2650 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State A. FEI Number Street Address of Now Registered Agent T. Name and Address of Now Registered Agent Name MIRNELLI, GREGORY 100 SE 2ND STREET SUITE 2650 MIAMI, FL 33131 City Street Address of Now Registered Agent T. Name and Address of Now Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address of registered agent. SIGNATURE Signature 1, 2008, Fee will be \$100.00 Mater January 1, 2008, Fee will be \$100.0
1. Entity Name SSH SLIP 125, LLC Principal Place of Business 100 SE 2ND STREET SUITE 2650 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country S. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MIRNELLI, GREGORY 100 SE 2ND STREET SUITE 2650 MIAMI, FL 33131 MIRNELLI, GREGORY 100 SE 2ND STREET SUITE 2650 MIAMI, FL 33131 City State T. Name and Address of Nove Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address of registered agent. Signature Spread of prince came of registered agent. Signature Spread of prince came of registered agent. Make check payable to Make check payable to
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100 SE 2ND STREET SUITE 2650 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Apriled For Not Acceptable Street Agent MIRNELLI, GREGORY 100 SE 2ND STREET SUITE 2650 MIAMI, FL 33131 MIRNELLI, GREGORY 100 SE 2ND STREET SUITE 2650 MIAMI, FL 33131 City State The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Fam familiar with, and acceptable Signature, Spea or printed rame of registered agent. SIGNATURE FILE NOWITE FEE IS \$50.00 In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to
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MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 10042007 REIN-LLC CR2E101 (1/07) City & State City & State Applied For Not Ap
2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Address of Current Registered Agent Suite, Apt. #, etc. City & State Applied For Not Address of Now Registered Agent MIRNELLI, GREGORY 100 SE 2ND STREET Suite Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable Signature, Speed or purised name of registered agent. SIGNATURE Segnature, Speed or purised name of registered agent agent and side if agglicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to
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After January 1, 2008, Fee will be \$100.00 liability company did not receive the prior notice. Florida Department of State
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES
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