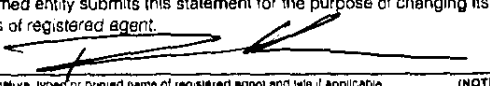
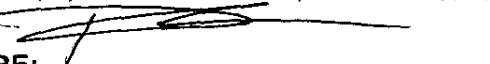


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 24 AM 11:14

DOCUMENT # L06000082516 1. Entity Name REDWOOD, LLC					
Principal Place of Business 6451 EASTPOINTE PINES STREET PALM BEACH GARDENS, FL 33418			Mailing Address 6451 EASTPOINTE PINES STREET PALM BEACH GARDENS, FL 33418		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		11242008 REIN-LLC CR2E101 (1/07)	
City & State		City & State		4. FEI Number 20-5863149	
Zip Country		Zip Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KOCHMAN, RONALD S ESQ. 222 LAKEVIEW AVENUE SUITE 950 WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable				DATE 1/17/09 (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM OSTROW, RONALD 6 HIGHLAND COURT OLD WESTBURY, NY 11568	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	400139018384 12/15/08--01046--015 *#233.75
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM YVERTES, BONO 11 FALMOUTH ROAD WELLESLEY, MA 02481	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
REINSTATEMENT 2008 bsm 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DATE 1/17/09 561-801-8961 Date Daytime Phone #	