## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000051589  1. Entity Name TWO TREES WELLINGTON, LLC										
Principal Place of Business  9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI, FL 33156  Mailing Address  9200 SOUTH DADELAND BL MIAMI, FL 33156					., SUITE 508		1) 83117 (3811) 88114 88114 88	*!! <b>FRIB! A</b> !! <b>!</b> !	tient silst (sils is:	
2. Principal Pl	lace of Busi	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			11062008	REIN-LLC	CR2	E101 (1/07)	
City & State			City & State		4. FEI Numb		93		plied For t Applicable	
Zip		Country	Zip	Coun	itry	5. Certificat	e of Status Desired_		\$5.00 Add	
	6. Name	e and Address of Current	Registered Agent		Name	7. Name an	d Address of New F	Registered	f Agent	
	TH DADE	ATE SERVICES, INC. ELAND BLVD., SUITE	508 Street Add		Street Address	ress (P.O. Box Number is Not Acceptable)				
				I	City			F	Zip Cod	e
		ty submits this statement fo	r the purpose of changing its	register	l ed office or registe	ered agent, or b	oth, in the State of FI			and accept
SIGNATURE _	ions or regis	nereu agent.								
	Signature, types	d or printed name of registered agent	and title if applicable. (NOT	E: Register	ed Agent signature requ	ilred when reinstating	3)	DATE		<u> </u>
FILE NOWIII FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50 In accordance with s. 60 liability company did not					93(2)(b), F.S., to beive the prior no	F.S., the limited Make check payable to prior notice. Florida Department of State			•	
9.	MOD	MANAGING MEMBE		10.			ADDITIONS	/CHANGE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	C/O 45 N	AS, DAVID MAIN STREET YN, NY 11201	☐ De!ete		1	11/1	00138 7/08005	<b>01</b> 0 7011	1 4 2 0 **138	□ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		<b>I</b>		TALI	2008	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				AHASSE	P1 1/01/ 8007	Change I	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l l		OF STATE, FLORI	P 2: 2	Change	Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REIN	STATEMENT	2008				<b>D</b> 1	ō	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		· I				Change	☐ Addition
11. I hereby of indicated fimited lia	on this repo bility compa	ort is true/and accurate/and any or the roceiver or Juste/	this filing does not qualify for that my signature shall have dependent to execute this standard member. MA	the sam report a	e legal effect as it s required by Chal	made under oa pter 608, Florida	), Florida Statutes, 1 sth; that I am a mana statutes.	further cert	iffy that the info ber or manage	ormation or of the