2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000111713

Address:

City-St-Zip:

PONTE VEDRA, FL 32802

Entity Name: KIRSNER ASSOCIATES - T.L., LLC

FILED Oct 23, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 34 STAR ISLAND MIAMI BEACH, FL 33139 **Current Mailing Address: New Mailing Address:** 5100 TWON CENTER CIRCLE, SUITE 400 5100 TOWN CENTER CIRCLE, SUITE 400 ATTN: MARVIN KIRSNER ATTN: MARVIN KIRSNER BOCA RATON, FL 33486 BOCA RATON, FL 33486 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KIRSNER, MARVIN A KIRSNER, MARVIN A 5100 TOWN CENTER CIRCLE, SUITE 400 5100 TOWN CENTER CIRCLE BOCA RATON, FL 33486 SUITE 400 BOCA RATON, FL 33486 US 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. SIGNATURE: MARVIN A. KIRSNER 10/23/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete KIRSNER, HARRY M Name: Name: 9190 SUNSET DRIVE Address: Address: City-St-Zip: MIAMI, FL 33173 City-St-Zip: Title: MGR () Delete Title: () Change () Addition KIRSNER, STEVEN A Name: Name: Address: 912 HIALEAH STREET Address: City-St-Zip: ROCKLEDGE, FL 329556109 City-St-Zip: Title: MGR () Delete Title: () Change () Addition KIRSNER, MARVIN A Name: Name: 5100 TOWN CENTER CIRCLE, SUITE 400 Address: Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition Name: KOVENS GOLDBERG, DIANE Name: GOLDBERG, DIANE KOVENS Address: 11410 S.W. 95TH AVENUE Address: 11410 S.W. 95TH AVENUE City-St-Zip: MIAMI, FL 33176 City-St-Zip: MIAMI, FL 33176 Title: MGR () Delete Title: () Change () Addition KIRSNER, RONALD M Name: Name: 221 GNARLED OAKS DRIVE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: MARVIN A. KIRSNER 10/23/2008