PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State 11 JUN 16 PM 2: 25 REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # L09000113893 1. Limited Liability Company's Name REINSTATEMENT 2010-11 Som Mimosa MHP\_LLC CR2E041 (1/11) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 160 Congress Park Dr 160 Congress Park IN 4. State/Country of Formation Suite, Apt. #, etc. 214 5. Date Organized or Qualified હ્રાપ 12/09 To Do Business in Florida City & State City & State Applied For 6. FEI Number Delray Beach, FL Delray Beach, FL Not Applicable 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required 33445 Polm Beach 3344S Palm Beach for a Certificate of Status Name and Address of Current Registered Agent R E-mail Address: michael I hottlieb Street Address (P.O. Box Number is Not Acceptable) 100207950671 05/20/11--01045--002 \*\*238.75 160 Congres Park Dr mglex 37@ aol. lom
(Tobe used for future annual report notices) Zip Code Beach Delray 3344*5* 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 REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Member/ Manager Titles City / State / Zip 160 Congress park Dr. Suite-14 Detray Beach /FL 33445 michael I gottlieb mpam 06/16/11--01007--009 \*\*138.75 100207950671 06/16/11--01007--009 \*\*138.75 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 filling 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 path. 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

Typed or printed name of signing Managing Member/Manager