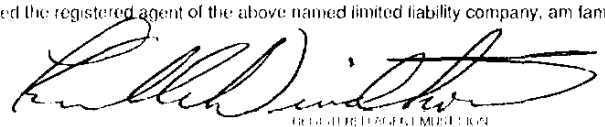
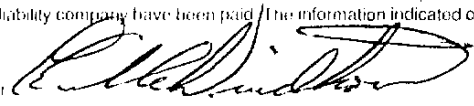


L96000000301

APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 SEP 25 AM 10:15	
Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000301 HEAT STREET ASSOCIATES, L.C. 2333 PONCE DE LEON BOULEVARD SUITE PH1100 CORAL GABLES, FL. 33134			1a. Principal Place of Business Address 2333 PONCE DE LEON BOULEVARD SUITE PH1100 CORAL GABLES, FL. 33134		
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a					
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 3/13/96 3a. State of Formation FL. 4. FEI Number ☐ Applied For ☒ Not Applicable 5. Date of Last Report ANNUAL 6. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
KENT A. WINDHORST 2333 PONCE DE LEON BOULEVARD SUITE PH1100 CORAL GABLES, FL. 33134			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL 33134		
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  Date 11/16/97					
10. Title	Managing Members/Managers	Business Street Address		City, State & Zip Code	
MEM	KENT A. WINDHORST	2333 PONCE DE LEON BLVD.		CORAL GABLES, FL. 33134	
MEM	DAVID R. WEAVER	2333 PONCE DE LEON BLVD.		CORAL GABLES, FL. 33134	
MEM	SAROTHY C. WEAVER	2333 PONCE DE LEON BLVD.		CORAL GABLES, FL. 33134	
000002651620--3 -09/29/98--01062--004 ****877.50 ****877.50 REINSTATEMENT 11/16/97					

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 filing 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 oath.

Signature of Managing Member Manager  Date 11/16/97 Daytime Phone # (305) 443-8900

Typed or printed name of signing Managing Member/Manager KENT A. WINDHORST