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To:
Division of Corporations
Fax Number : (850)922-4003

From: Denise L. Boris
Account Name : EDWARDS & ANGELL
Account Number : 075410001517
Phone : (561)833-7700
Fax Number : (561)655-8719

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LIMITED LIABILITY REINSTATEMENT

TRI-CITY BROKERAGE OF THE SOUTHEAST, L.C.

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name
Tri-City Brokerage of the Southeast, L.C.

2. Principal Office Address
1601 Forum Place
Suite, Apt. #, etc.
Suite 700
City & State
West Palm Beach, FL
Zip 33401 Country US

3. Mailing Office Address
1601 Forum Place
Suite, Apt. #, etc.
Suite 700
City & State
West Palm Beach, FL
Zip 33401 Country US

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
10/03/96

6. FEI Number
9[illegible]-3252573
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒
$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent
Name
Angell Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
250 Royal Palm Way
Suite, Apt. #, etc.
Suite 300
City
Palm Beach
State FL Zip Code 33480

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
Jonathan E. Cole, REGISTERED AGENT MUST SIGN President Date November 3, 1999

CR2E041 (9-99)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Woods, Loti	1601 Forum Place, Suite 700	West Palm Beach, FL 33401
MGRM	Tri-City Brokerage, Inc.	50 California St., Suite 2000	San Francisco, CA 94111
	Michael S. Heller, Esq. Edwards & Angell 250 Royal Palm Way, Suite 300 Palm Beach, FL 33480 (561) 833-7700		

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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 Loti C. Woods Date 11/3/99 Daytime Phone # (561) 712-0008

Typed or printed name of signing Managing Member/Manager Loti Woods, Managing Member