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To:
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Fax Number : (850)205-0383

From:
Account Name : LEOPOLD KORN & LEOPOLD, P.A.
Account Number : I20010000025
Phone : (305)935-3500
Fax Number : (305)935-9042

LIMITED LIABILITY REINSTATEMENT

BROOKWOOD AT DELRAY BEACH COMPANY, L.C.

Certificate of Status	1
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

DOCUMENT # L96000001077

1. Limited Liability Company's Name
BROOKWOOD AT DELRAY BEACH COMPANY, L.C.
REINSTATEMENT 2002-2006

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
BROOKWOOD DRIVE	BROOKWOOD DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
CORAM, NY	CORAM, NY
Zip 11727 Country USA	Zip 11727 Country USA

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 10/10/1996
6. FEI Number: 650700145 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 (additional cost required)

8. Name and Address of Current Registered Agent

Name: GARY A. KORN, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 20801 BISCAYNE BLVD.
Suite, Apt. #, Etc.: Suite 501
City: Aventura State: FL Zip Code: 33180

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

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	HARVEY AUERBACH	BROOKWOOD DRIVE	CORAM, NY
MGRM	NANCY AUERBACH	BROOKWOOD DRIVE	CORAM, NY
MGRM	STEVEN AUERBACH	BROOKWOOD DRIVE	CORAM, NY

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 608.400, 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 2/23/06 Daytime Phone # (631) 698-2700

Typed or printed name of signing Managing Member/Manager _____