APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

01 JAN 12 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

REINSTATEMENT 2000-2001

DOCUMENT # L96000001170

1. Limited Liability Company's Name

KEENAN DELRAY, L.C.

2. Principal Office Address		3. Mailing Office Address	
1900 W. Commercial Blvd.		1900 W. Commercial Blvd.	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL	
Zip 33309	Country USA	Zip 33309	Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11/07/1996

6. FEI Number: 650731461 — 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: Boyle, Conrad J., Esquire

Street Address (P.O. Box Number is Not Acceptable): 500 E. Broward Blvd.

Suite, Apt. #. Etc.: Suite 1950

City: Fort Lauderdale — State: FL — Zip Code: 33394

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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: [signature] REGISTERED AGENT MUST SIGN — Date 1/11/01

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
MGR	Chynoweth, Dale	1900 W. Commercial Blvd. Suite 200	Fort Lauderdale, FL 33309
MGR	Keenan, William	1900 W. Commercial Blvd. Suite 200	Fort Lauderdale, FL 33309

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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.

KEENAN DELRAY L.C.

Signature of Managing Member/Manager: [signature] AS SEC TREAS — Date Jan 11/01 — Daytime Phone #

Typed or printed name of signing Managing Member/Manager