APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** L97000000480

Erilyn Group 2, L.L.C.
4700 N. State Road 7
Bldg. A, Suite 101
Lauderdale Lakes, FL 33319

If above mailing address is incorrect in any way, draw through incorrect information and enter correction in Block 1b.

1b. Principal Place of Business Address
6099 W. Sunrise Blvd.
Sunrise, FL 33313-6803

2. Principal Place of Business
6099 W. Sunrise Blvd.
Suite, Apt. #, etc.
City & State: Sunrise, FL
Zip: 33313-6803 Country: U.S.A.

2a. Mailing Address
5599 E. Leitner Drive
Suite, Apt. #, etc.
City & State: Coral Springs, FL
Zip: 33067 Country: U.S.A.

3. Date Organized or Qualified: 4/30/97

3a. State of Formation: Florida

4. FEI Number: 65-0826301 ☐ Applied For ☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired ☒

7. Name and Address of Current Registered Agent

Alan R. Hecht, Esq.
2670 N.E. 215 Street
Miami, FL 33180

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City: FL Zip Code

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 11.1.99
REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGRM	Charles Pace	5599 E. Leitner Drive	Coral Springs, FL 33067
MGRM	Mitchell Goldberg	353 Lexington Avenue 10th Floor	New York, NY 10017

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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 Charles E Pace CHARLES PACE Date 11/1/99 Daytime Phone # 954-777-1771

Typed or printed name of signing Managing Member Manager _____