|  | PLEASE READ  | ALL INST             | RUCTIONS B   | EFORE C                 | OMPLET   | ING THIS FO   | DRM.                              |               |  |
|--|--|----------------------|--|-------------------------|--|---|-----------------------------------|---------------|--|
| LIMITED LIAE<br>COMPAN<br>REINSTATEM   | Y  |                      | DEPARTMENT ( Katherine Harris Secretary of State SION OF CORPORATION |                         |  | FILE 00 MAY 23 SECRETARY  | AM 9: 24                          |               |  |
| DOCUMENT # L 9700000 1183  |  |                      |  |                         |  | SECRETARY<br>TALLAHASSE   | E, FLORIDA                        |               |  |
|  |  |                      |  |                         |  |   |                                   |               |  |
| Robinhood 1  | Rental Part  | y Place              | LC   |                         |  |   |                                   |               |  |
| 2. Principal Office Address  |  | 3. Mailing O         | 3. Mailing Office Address  |                         |  |   |                                   |               |  |
| 2590 South State Road 7  |  |                      |  |                         | 4. State/Country of Formation                                |   |                                   |               |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  | ļ                       | Florida<br>F Data Organizad et Organizad                     |   |                                   |               |  |
|  |  |                      |  |                         |  | 5. Date Organized or Qualified To Do Business in Florida 10 23 97 |                                   |               |  |
| City & State   | FI.  | City & State         | City & State   |                         |  | 6. FEI Number Applied For   |                                   |               |  |
| Hollywood  | Country  | Zip                  | Country  |                         | <u>65-07</u>   | 91516   | No                                | ot Applicable |  |
| 33023  | USA  |                      | , , ,  |                         | CERTIFICAT   | E OF STATUS DESIRED   | S5.00 Additional for a Certifical |               |  |
|  | and the second s | 8. N                 | ame and Address of C   | urrent Registere        | ed Agent   |   |                                   |               |  |
| Name Hans-Guenther Spenkuch Street Address (P.O. Box Number is Not Acceptable) 2590 South State Road 7 Suite, Apt. #, Etc. |  |                      |  |                         | 3000032749530<br>-06/02/0001064902<br>****200,00 *****200,00 |   |                                   |               |  |
| City<br>Hollywood  |  |                      |  |                         |  | State Zip Code FL 330   |                                   |               |  |
| 9. I, being appointed the  | e registered agent of the ab   | ove named limited    | d liability company, am fa   | amiliar with and a      | ccept the obliga   | tions of Chapter 608,   | F.S.                              |               |  |
| Signature of Registered Agent REGISTERED AGENT MUST SIGN   |  |                      |  |                         |  | Date  | 18-00                             | 2             |  |
| 10. Names and Street   | Addresses of Managing Me   | mbers/Managers       |  |                         |  |   |                                   |               |  |
|  | Name of<br>Managing Members/Mana   | jers                 | Street Address of E.<br>Managing Member/Ma                           |                         |  |   |                                   |               |  |
| 1.9  | Hans-Guenther Spenkuch   |                      |  | st <del>a l</del> e Roo | Q7   | 1101140000  |                                   |               |  |
| Seril Eberha   | ard Huehnles   | ^n                   | , 2590 South state Ro  |                         |  | oad 7 Hollywood, FL. 33023  |                                   |               |  |
|  |  |                      |  |                         |  |   |                                   |               |  |
|  |  |                      |  |                         | STAT   |   | <u> </u>                          | <u>5</u>      |  |
| <u> </u>   |  |                      |  |                         |  |   |                                   |               |  |
| filing this reinstateme  | anaging member/manager<br>ent application the reason to<br>limited liability company ha<br>tth.  | or dissolution has I | been eliminated, the limit   | ted liability compa     | anv name satisfic  | es the requirements of  | section 608.406, F.S              | ., and that   |  |
| Signature of<br>Managing Member/Mana   | iger   | e                    |  |                         |  | Baytime Phone # <u>(95</u>  | -4)966-313                        | 6             |  |
| Typed or printed name of   | signing Maraging Membe   | r/Manager            | Hans-Guen  | ther po                 | enkuch_  |   | *                                 |               |  |