

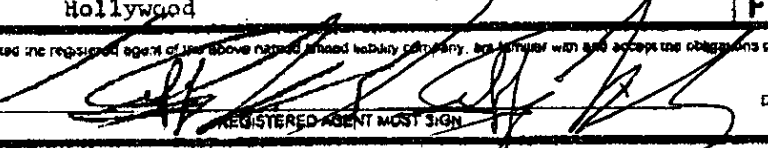
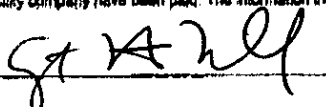
①

FILED WL 3/27

01 MAR 22 AM 8:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT 1999-2001		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L9700000/401 1. Limited Liability Company's Name DREW INVESTMENT L.C.			
2. Principal Office Address 1840 NE 19 Drive Suite, Apt. #, etc. Apt. 6 City & State North Miami, Florida Zip 33181		3. Mailing Office Address SAME Suite, Apt. #, etc. City & State Zip Country	
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 12/15/1997	
6. FEI Number 65-0785165		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒			
8. Name and Address of Current Registered Agent Name Jeffrey Feinberg, Esq. Street Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Blvd. Suite, Apt. #, Etc. 350 North Tower City Hollywood State FL Zip Code 33021			
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 03/16/2001 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Town	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MBR	Gandhi, Mahesh	4000 Hollywood Blvd. #350N	Hollywood, FL 33021
MBR	Filler, Arlington	4000 Hollywood Blvd. #350N	Hollywood, FL 33021
REINSTATEMENT 1999-2001 6000003892586			
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  Date 3/20/01 Daytime Phone # 954962-8889 Typed or printed name of signing Managing Member/Manager			

C:\Users\user\Documents\...

-7



ACCOUNT NO. : 072100000032

REFERENCE : 087537 83810A

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 305.00

ORDER DATE : March 22, 2001

ORDER TIME : 11:01 AM

ORDER NO. : 087537-005

CUSTOMER NO: 83810A

CUSTOMER: Ms. Lisa Scotson
Feinberg & Maidenbaum
Suite 350, North Tower
4000 Hollywood Blvd.
Hollywood, FL 33021

DOMESTIC FILINGS

NAME: DREW INVESTMENT L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds
EXAMINER'S INITIALS _____

FILED
01 MAR 22 AM 8:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
2001 MAR 22 PM 12:15
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

25500