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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 JUL 27 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600078076416

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L98000000604

1. Limited Liability Company's Name
GAMI OCEANFRONT, LLC

05

MC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
c/o Litman Gerson LLP	
Suite, Apt. #, etc 500 W. Cummings Pk., #4900	Suite, Apt. #, etc
City & State Woburn MA	City & State
Zip / Country 01801 / USA	Zip / Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 5/13/98

6. FEI Number: 65-0834870 ☐ 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: Jane C. Rankin, Esquire, c/o Kubicki Draper
Street Address (P.O. Box Number is Not Acceptable): One East Broward Boulevard
Suite, Apt. #, Etc: Suite 1600
City: Fort Lauderdale | State: FL | Zip Code: 33301

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: JRG Gop — REGISTERED AGENT MUST SIGN — Date: 7/19/06

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MgrM	Gami Oceanfront, Inc.	c/o Litman Gerson LLP, 500 W Cummings Pk., #4900	Woburn, MA 01801
MgrM	Gami Oceanfront Limited Partnership I	c/o Litman Gerson, 500 W Cummings Pk., #4900	Woburn, MA 01801

REINSTATEMENT 2005 - 2006

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: x Dinesh Patel — Date: x 7/21/2006 — Daytime Phone #: 781-933-9660

Typed or printed name of signing Managing Member/Manager: Dinesh Patel, Pres., of Gami Oceanfront, Inc., MgrM

CSC

CORPORATION SERVICE COMPANY

L98000000604

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06 JUL 27 PM 4:06

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 272050 11663B

AUTHORIZATION :

COST LIMIT : $ 200.00

FILED
06 JUL 27 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : July 27, 2006

ORDER TIME : 3:14 PM

ORDER NO. : 272050-005

CUSTOMER NO: 11663B

DOMESTIC FILINGS

NAME: GAMI OCEANFRONT, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Susie Knight - Ext# 2956

EXAMINER'S INITIALS _____