

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 SEP 19 AM 10:00

DOCUMENT # L98000003067

1. Limited Liability Company's Name

DADE-ABERDEEN, L.L.C.

100135691981  
09/11/08--01042--006 \*\*932.50

CR2E041 (12/07)

|  |                |  |                  |
|--|----------------|--|------------------|
| 2. Principal Office Address - No P.O. Box #<br>400 South Australian Avenue |                | 3. Mailing Office Address<br>400 South Australian Avenue |                  |
| Suite, Apt. #, etc.<br>Suite 300   |                | Suite, Apt. #, etc.<br>Suite 300                         |                  |
| City & State<br>West Palm Beach  |                | City & State<br>West Palm Beach                          |                  |
| Zip<br>FL  | Country<br>USA | Zip<br>FL  | Country<br>33401 |

4. State/Country of Formation  
Florida/USA5. Date Organized or Qualified  
To Do Business in Florida 12/8/986. FEI Number  
541938683Applied For  
Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required  
for a Certificate of Status

## 8. Name and Address of Current Registered Agent

Name  
Joel P. KoepfelStreet Address (P.O. Box Number is Not Acceptable)  
400 South Australian AvenueSuite, Apt. #, Etc.  
Suite 300City  
West Palm BeachState  
FL Zip Code  
33401☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date August 20, 2008

## 10. Names and Street Addresses of Managing Members/Managers

| Title | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip             |
|-------|--------------------------------------|---|--------------------------------|
| MGR   | Harris Sloane                        | 400 South Australian Avenue #300                  | West Palm Beach, Florida 33401 |
|       |                                      |   |                                |
|       |                                      |   |                                |
|       |                                      |   |                                |
|       |                                      |   |                                |
|       |                                      |   |                                |

REINSTATEMENT  
03-08

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 August 20, 2008

Daytime Phone # (757) 287-2870

Typed or printed name of signing Managing Member/Manager

HARRIS R. SLOANE