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L98000003186

Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4003

From:
Account Name : ENGLISH, MCCAUGHAN & O'BRYAN, P.A.
Account Number : 076067004147
Phone : (954)462-3300
Fax Number : (954)763-2439

LIMITED LIABILITY REINSTATEMENT

RESTRUCTURE GROUP, L.L.C.

AL

Certificate of Status	1
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L98000003186

1. Limited Liability Company's Name
REstructure Group, L.L.C.

2. Principal Office Address	3. Mailing Office Address
6421 Congress Avenue	6421 Congress Avenue
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.: Suite 100
City & State: Boca Raton, Florida	City & State: Boca Raton, Florida
Zip: 33487 Country: USA	Zip: 33487 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: December 15, 1998

6. FEI Number: 65-0881589 ☐ 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: Richard R. Shavell
Street Address (P.O. Box Number is Not Acceptable): 6421 Congress Avenue
Suite, Apt. #, Etc.: Suite 100 State: FL Zip Code: 33487
City: Boca Raton

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: X Richard R. Shavell Date: 4/11/00
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Richard R. Shavell	6421 Congress Avenue Suite 100	Boca Raton, FL 33487
MGRM	Zelenkofske Investments Limited Partnership	6421 Congress Avenue Suite 100	Boca Raton, FL 33487
MGRM	Howard P. Hoffman	6421 Congress Avenue Suite 100	Boca Raton, FL 33487
MGRM	Arthur Karlin	6421 Congress Avenue Suite 100	Boca Raton, FL 33487

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 effec as if made under oath.

Signature of Managing Member/Manager: X Richard R. Shavell Date: 4/11/00 Daytime Phone # (561) 999-8847

Typed or printed name of signing Managing Member/Manager: Richard R. Shavell, Managing Member