

PLEASE READ ALL INSTRUCTIONS BEFORE CC

LIMITED LIABILITY COMPANY REINSTATEMENT



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

FILED
 Nov 08 1999 8:00 am
 Secretary of State

DOCUMENT # **L98000003384**

1. Limited Liability Company's Name
Le Club International, L.L.C.

2. Principal Office Address
1500 N. Federal Highway
 Suite, Apt. #, etc.
Suite 200
 City & State
Ft. Lauderdale, Florida
 Zip
33304

3. Mailing Office Address
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

4. State/Country of Formation
Florida, Broward
 5. Date Organized or Qualified To Do Business in Florida
12-24-98
 6. FEI Number
65-0891272
 Applied For
 Not Applicable
 7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name
F. Ronald Mastriana
 Street Address (P.O. Box Number is Not Acceptable)
1500 N. Federal Highway,
 Suite, Apt. #, Etc.
Suite 200
 City
Ft. Lauderdale,
 State
FL
 Zip Code
33304

100003040381-9
-11/09/99--01099--003
*****150.00 ***150.00**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of Registered Agent *[Signature]* **F. Ronald Mastriana** Date **11-4-99**
 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 | Birch 9, Inc. | 2882 NE 14th Street | Pompano Beach, Florida 33062 |
| MGRM | Towne Development of Ft. Lauderdale, Inc. | 710 N. Plankinton Ave., #1200, | Milwaukee, WI 53203 |
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 606.406, 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 *[Signature]* Date **11-4-99** Daytime Phone # **954-946-3666**

Typed or printed name of signing Managing Member/Manager **George Green, President of Birch 9, Inc., Managing Member**

CR2501 (9/99)