

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 30 PM 11:02

DOCUMENT # L99000002517

1. Limited Liability Company's Name

2401 VAN BUREN INVESTMENTS, LLC

REINSTATEMENT 2000

2. Principal Office Address 2237 N. Commerce Parkway Suite, Apt. #, etc. Suite 3 City & State Weston, FL 33326 Zip 33326		Country USA		3. Mailing Office Address 2237 N. Commerce Parkway Suite, Apt. #, etc. Suite 3 City & State Weston, FL 33326 Zip 33326		Country USA	
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4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida May 3, 1999	
6. FEI Number 65-0393293	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name ROSS H. MANELLA, ESQUIRE ROSS H. MANELLA, P.A.		200003459372-1	
Street Address (P.O. Box Number is Not Acceptable) 2237 N. Commerce Parkway		-11709700-01033-008	
Suite, Apt. #, Etc. Suite 3		***150.00 ***150.00	
City Weston, FL	State FL	Zip Code 33326	

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 [Signature]
Ross H. Manella, Esquire REGISTERED AGENT MUST SIGN

Date October 16, 2000

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
	David Ellner	10085 Bay Harbour Drive Terrace	Bay Harbour Island, FL 33154

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 [Signature] Date 10.24.00 Daytime Phone # 305 866-2400
David Ellner

Typed or printed name of signing Managing Member/Manager David Ellner

CR2E041 (9/99)