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

From:
Account Name : BERMAN WOLFE & RENNERT, P.A.
Account Number : 076103002011
Phone : (305)~~577-4166~~ 375-6588
Fax Number : (305)373-6036

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LIMITED LIABILITY REINSTATEMENT

PENGUIN REAL ESTATE, L.L.C.

Certificate of Status	1
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LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
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DIVISION OF CORPORATIONS
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1. Limited Liability Company's Name
Penguin Real Estate, L.L.C.

2. Principal Office Address	3. Mailing Office Address
20803 Biscayne Blvd.	20803 Biscayne Blvd.
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State Aventura, FL	City & State Aventura, FL
Zip 33180 Country USA	Zip 33180 Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 7/29/1999

6. FEI Number: 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: Registered Agents of Florida, LLC

Street Address (P.O. Box Number is Not Acceptable): 100 S.E. Second Street

Suite, Apt. #, Etc.: 3500

City: Miami State: FL Zip Code: 33131

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: Leon J. Wolfe, VP Date:
REGISTERED AGENT MUST SIGN

CR2E041 (9/98)

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
MGR	Gabor Rado	20803 Biscayne Blvd. Suite 200	Aventura, Fl 33180

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: 1/3/01 Daytime Phone # 305-776-7778

Gabor Rado, Manager
Typed or printed name of signing Managing Member/Manager