PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CC	ED LIABILITY DMPANY STATEMENT	FLORIDA DEPAR Katherin Secretary DIVISION OF C	e Harris " y of State		FILED		
DOCUMENT # L99-5411 1. Limited Liability Company's Name CANTON CENTER ASSOCIATES, C.C.C.				SE	01 NOV -7 PM 12: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Office Address 1428 Bruckell Amenue 8854 S.W. 129 Terrace Suite, Apt. #, etc. Suite, Apt. #, etc.					REINSTATEMENT 200		
Eight	th Flor		5. Date Orga	F(orida 5. Date Organized or Qualified To Do Business in Florida 8-27-99			
Miami, Florida Miami, Florida 6. FEI Number Not Applied F						Applied For Not Applicable	
3313		33176	****		E OF STATUS DESIRED	S3.00 Additional Fascequired to a Cardilleste of Status	
8. Name and Address of Current Registered Agent Name JOSHUA D. MANASTEM Street Address (PO. Box Number is Not Acceptable) 1428 BRICKELL AVENUE Suite, Apt. #, Etc. Eighth Floor City Miamî State Zip Code FL 33/3/							
Signature of Registered Ag	RE	GIS/ERED AGENT MUST S		n and accept the obliga			
Titles Names and Street Addresses of Managing Members/Managers Name of Street Address of Each Managing Members/Managers Street Address of Each Managing Member/Managers							
<u>4</u> s	SGTH ASSOCIATES, C	C. C. C. 1428	Brickell hth Floo	Avenue	Mani, 0	F61.du 33/31	
				50	 0004688	38652 -01031003	
all fees ov	nat I am managing member/manager or reinstatement application the reason for wed by the limited liability company have le under oath.	dissolution has been elimina been paid. The information i	ted, the limited liability ndicated on this applic	company name satisfi ation is true and accur	as the requirements of co.	ction 608.406, F.S., and that all have the same legal effect	
Typed or printe	ed name of signing Managing Member/M	fanager				!	