

L99000007187

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 02 NOV 21 AM 10:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L99000007187

1. Limited Liability Company's Name

5600 Collins Avenue, LLC

2. Principal Office Address

1775 Broadway

Suite, Apt. #, etc.

23rd Floor

City & State

New York, NY

Zip

Country

10019

USA

3. Mailing Office Address

3100 Monticello

Suite, Apt. #, etc.

Suite 200

City & State

Dallas

Zip

Country

75205

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

10/28/99

6. FEI Number

02-0649854

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

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

María Ozaeta

María Ozaeta
Vice President

Date

9-4-02

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	Fountainhead, Inc.	1775 Broadway, 23rd Floor	New York, NY 10019
<p>REINSTATEMENT <u>2001-2002</u> 708008867087 11/07/02--01052--006 **200.00</p>			
		<i>MK</i>	

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

Kathryn Mansfield
Exec. Vice Pres.

Date

9/11/02

Daytime Phone #

214-599-2293

Typed or printed name of signing Managing Member/Manager

Kathryn Mansfield

CR2E041 (9/01)