

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -5 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M000000001267

1. Limited Liability Company's Name

DVI FREEPORT U.S., LLC

9/28/01

NY

2. Principal Office Address
399 PARK AVENUE

3. Mailing Office Address
399 PARK AVENUE

Suite, Apt. #, etc.
8TH FLOOR

Suite, Apt. #, etc.
8TH FLOOR

City & State
NEW YORK, NY

City & State
NEW YORK, NY

Zip
10022

Country
USA

Zip
10022

Country
USA

4. State/Country of Formation
DELAWARE

5. Date Organized or Qualified
To Do Business in Florida 6/27/2000

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
ROBERT I. WEISSLER

Street Address (P.O. Box Number is Not Acceptable)
150 WEST FLAGLER STREET

Suite, Apt. #, Etc.
MUSEUM TOWER, SUITE 2200

City
MIAMI

State
FL

Zip Code
33130

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

REGISTERED AGENT MUST SIGN

Date 2/20/2004

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	Driftwood Freeport U.S. L.P.	399 Park Avenue, 8th Floor	New York, NY 10022
			900029953809

REINSTATEMENT 2001-2004

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.

By LB Freeport LLC, its GP, By PAMI LLC, Managing Member
Signature of Managing Member/Manager _____ Date 3/1/04 Daytime Phone # 212-526-3137

Typed or printed name of signing Managing Member/Manager Joseph J. Flannery, Authorized Signatory

CR2E041 (1/02)



M00000001267

ACCOUNT NO. : 072100000032

REFERENCE : 473751 4311473

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 305.00

FILED
04 MAR -5 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : March 4, 2004

ORDER TIME : 10:37 AM

ORDER NO. : 473751-005

CUSTOMER NO: 4311473

CUSTOMER: Ms. Jackie Gerstenfeld
Stearns Weaver Miller
Suite 2200, Museum Tower
150 West Flagler Street
Miami, FL 33130

BK

REINSTATEMENT

NAME: DVI FREEPORT U.S., LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 2956

EXAMINER'S INITIALS _____

RECEIVED
04 MAR -5 PM 12:52
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA