LIMITED LIABILITY **COMPANY** REINSTATEMENT



Secretary of State

DIVISION OF CORPORATIONS

04 MAR -5 AM 8: 25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 1400000001267

1. Limited Liability Company's Name

DVI FREEPORT U.S., LLC

2. Principal Office Address 3. Mailing Office Address 399 PARK AVENUE 399 PARK AVENUE 4. State/Country of Formation DELAWARE Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified 8TH FLOOR 8TH FLOOR To Do Business in Florida 6/27/2000 City & State Applied For 6. FEI Number

NEW YORK, NY NEW YORK, NY Zip Country Country

10022 USA 10022

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

USA

ROBERT I. WEISSLER

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

150 WEST FLAGLER STREET

Suite, Apt. #, Etc.

MUSEUM TOWER, SUITE 2200

MIAMI

State

Zip Code 33130

9. I, being appointed the registered agent of the a ove named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _

City & State

REGISTERED AGENT MUST SIGN

___2/20/2004

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		
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	PENSTATEN	2001-2004			
	HENSIMIEN	2001 2009			

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

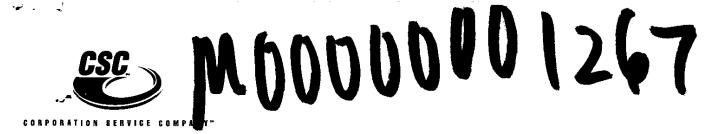
Signature of	By LI	Freeport LLC,	its GF	, ву	PAMI	LLC,	Managing	Member
Signature of	-					,	21.12.12	

Managing Member/Manager _

Date 5/1/04 Daytime Phone # 212-526-3137

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

CRZE041 (10/02)



ACCOUNT NO. : 07210000032

REFERENCE

473751

4311473

AUTHORIZATION

COST LIMIT : \$ 305.00

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

REINSTATEMENT

NAME: DVI FREEPORT U.S., LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 2956

EXAMINER'S INITIALS