M02000000775

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAR -1 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # M02000000775

1. Limited Liability Company's Name
Metra Westwood GP, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7700 Congress Ave.	7700 Congress Ave.
Suite, Apt. #, etc. Suite 3106	Suite, Apt. #, etc. Suite 3106
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33487 Country USA	Zip 33487 Country USA

4. State/Country of Formation: DE

5. Date Organized or Qualified To Do Business in Florida: 03/25/2002

6. FEI Number: 010617475 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

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

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date: March 1st, 2007

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	Metra Capital, LLC	7700 Congress Ave.	Boca Raton, FL 33487

REINSTATEMENT 04-07

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, 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 605.0108, 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: [signature] Date: 03/01/2007 Daytime Phone #: 469-522-4374

Typed or printed name of signing Managing Member/Manager: Bradley J. Kyles

FLL110 - 1/1107 CT System Online

M07000005498

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

METRA WESTWOOD GP, LLC

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