

M02000003327

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

03 OCT 31 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000003327

1. Limited Liability Company's Name

Enhanced Florida Issuer, LLC

2. Principal Office Address

7900 Miami Lakes Drive West

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33016

Country

USA

3. Mailing Office Address

201 St. Charles Avenue

Suite, Apt. #, etc.

Suite 3700

City & State

New Orleans, Louisiana

Zip

70170

Country

USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified
To Do Business in Florida

12/13/02

6. FEI Number

01-0756936

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 additional state 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

Jennifer K. Miller

Jennifer K. Miller
Assistant Secretary

Date 10-20-03

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
MGR	Michael A. G. Korengold	201 St. Charles Avenue, Suite 3700	New Orleans, Louisiana 70170

REINSTATEMENT

03
OK

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 608.408, 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

Michael A. G. Korengold

MGR.

Date

10/29/03

Daytime Phone # (504) 569-7900

Typed or printed name of signing Managing Member/Manager Michael A. G. Korengold

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Florida Department of State

Division of Corporations
Public Access System

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY REINSTATEMENT

ENHANCED FLORIDA ISSUER LLC

Certificate of Status	0
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