## 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M0400005477  1. Entity Name 3300 CORPORATE WAY LLC								<b>0</b> 5 00	CT   I AM	POR). <b>9: L</b>	itions 13	
Principal Place 3300 CORPO MIRAMAR, FL	RATE WAY	s	Mailing Address 3300 CORPORATE WAY MIRAMAR, FL 33025					II BBIN BIBIN BBIN BBIN BBIN			i	
2. Principal P	lace of Busin	ness	3. Mailing Address C/o Silver Builders Inc.			ε.						
Suite, Apt. #, etc.			Suite Apt. #, etc. 3109 Stirling Rd. #208			ย	10072005 REIN-LLC CR2E101 (6/04)					
City & State			Ft. Lauderdale, FL				4. FEI Numb	-1711548	3	<del></del>	lied For Applicable	
Zip		Country Zip 33312		Coun	Country USA		5. Certificate of Status Desired Sta					
	6. Name	and Address of Current R	legistered Agent	7. Name and Address of New Registered Agent								
STOLBERG, STEVEN					Name Melissa Ackerman							
3300 COR		I Street Address			(P.O. Box Number is Not Acceptable).							
MIRAMAR					3109 Stirling Rd. #200							
					. City							
						+. L	audera	lale	FL   킬	o Code	2	
8. The above named entity subfits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept												
the obligations of registered agency Managing Member												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE												
FILE NOWIII FEE IS \$50.00 in accordance with s. 6 After January 1, 2006, Fee will be \$100.00 liability company did no									check payabl Department o			
9.		MANAGING MEMBER	RS/MANAGERS	10.				ADDITIONS/	CHANGES			
TITLE	MGR Delete			TITLE					<b>⊠</b> ,c	hange	☐ Addition	
NAME STREET ADORESS	1	RG, STEVEN RPORATE WAY	NAM		E Et adoress	2:00	a Stirin	g Rd. \$200	,			
CITY-ST-ZIP	1	R, FL 33025		-ST-ZIP	Ft. Lauderdale, FL 33312							
TITLE	Delete			TITL	<u> </u>	MGR		<i></i>		hange	Addition	
NAME				NAME		Melissa Ackerman, GP president S.D.C.						
STREET ADDRESS					ET ADDRESS					De.	nclopneda P.	
CITY-ST-ZIP					-ST-ZIP	F4.1	Lauder	dale, Fr 3				
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STREET ADORESS	i				ET ADDRESS		门门门内的	) I FAT II F= (LAB	1200 n 5	<i>YUU</i>		
CITY-ST-ZIP	<u> </u>			-	-ST-ZIP			<del></del>			<u></u>	
TITLE NAME			☐ Delete	TITL! NAM						hange	☐ Addition	
STREET ADDRESS					EET ADDRESS							
CITY-ST-ZIP				CITY	-ST-ZIP							
TITLE			☐ Delete	TITL	E					hange	Addition	
NAME				NAM								
STREET ADDRESS CITY+ST-ZIP					EET ADORESS '-ST-ZIP						1	
	Contifue the ct of	no information oversity of with	this filling does not qualify to			tod in C-	action 110 07/3	(Vi) Florida Statuta 1	further cartify the	at the ict	ormation	
11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true aid accurate and that my signature shall have the same legal effect as if made under oath; that I am amanaging member or manager of the limited liability company or the ecoiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.												
Marsh 10 1 05 0=10=0=0=0												
SIGNATURE: Managing Managing Member 10-10-05 954-962-9700 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR ADMORDED PRESENTATIVE Date Date Date Date Date Date Date Date												