



2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 11 AM 9:43

DOCUMENT # M04000005477 1. Entity Name 3300 CORPORATE WAY LLC					
Principal Place of Business 3300 CORPORATE WAY MIRAMAR, FL 33025			Mailing Address 3300 CORPORATE WAY MIRAMAR, FL 33025		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address % Silver Builders Inc. 3109 Stirling Rd. #200			
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL		4. FEI Number 10072005 REIN-LLC CR2E101 (6/04) 16-1711548	
Zip 33312		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STOLBERG, STEVEN 3300 CORPORATE WAY MIRAMAR, FL 33025			7. Name and Address of New Registered Agent Name: <u>Melissa Ackerman</u> Street Address (P.O. Box Number is Not Acceptable): <u>3109 Stirling Rd. #200</u> City: <u>Ft. Lauderdale</u> FL Zip Code: <u>33312</u>		
8. The above named entity submits 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 agent. SIGNATURE: <u>Melissa Ackerman</u> <u>Managing Member</u> <u>10-7-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STOLBERG, STEVEN 3300 CORPORATE WAY MIRAMAR, FL 33025	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Melissa Ackerman, GP, President S.D.C. 3109 Stirling Rd. #200 Ft. Lauderdale, FL 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300060491493 10/11/05--01048--002 **100.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2005	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2005	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2005	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing 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 and accurate and that my signature shall have the same legal effect as if made under oath; that I am an managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Melissa Ackerman</u> <u>Managing Member</u> <u>10-6-05</u> <u>954-962-9700</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					