2006 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE:
SIGNATURE AND THE OF FRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # M05000006620** 06 DEC -1 AM 8: 33 DYNAMIC YAZOO CITY OPERATING COMPANY LLC Mailing Address Principal Place of Business 11900 BISCAYNE BLVD., SUITE 301 11900 BISCAYNE BLVD., SUITE 301 MIAMI, FL 33181 MIAMI, FL 33181 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. **1**0172006 REIN-LLC CR2E101 (11/05) Applied For City & State City & State 4. FEI Number Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE TITLE ☐ Delete Change ■ Addition KLEIN, AVI **900082212048** 12/01/06--01050--010 **50.00 NAME NAME 11900 BISCAYNE BLVD., SUITE 301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33181 CITY-ST-ZIP ☐ Delete TITLE Change TITLE Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE REMSTATEMENT 2006 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE П Сналое ☐ Addition NAME NAMÉ STREET ADORESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 a managing member or manager of the limited liability company or the receiver a trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Daytime Phone 6