

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

①

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 NOV 15 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

MA6000000380

1. Limited Liability Company's Name

SuperBroward, L.L.C.

REINSTATEMENT 2000

2. Principal Office Address

2711 Centerville Road

Suite, Apt. #, etc.

Suite 400

City & State

Wilmington, DE

Zip

19808

Country

USA

3. Mailing Office Address

2711 Centerville Road

Suite, Apt. #, etc.

Suite 400

City & State

Wilmington, DE

Zip

19808

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

Oct 7, 1996

6. FEI Number

68-0388236

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Corporate Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hayes Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

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

Louise B Smith

Louise B Smith, Asst. V.P.

Date Nov. 14, 2000

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	Ecendale Associates, Inc.	2190 Meridian Park Blvd. Suite Q	Concord, CA 94520

100003465391--4

JBH-00

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 608.406, 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

Mrs. Kathryn Ecnabarger

Date 11/3/00 Daytime Phone # (925) 825-1921

Typed or printed name of signing Managing Member/Manager

Mrs. Kathryn Ecnabarger

CR2E041 (9/00)

2



ACCOUNT NO. : 072100000032

REFERENCE : 897130 4307846

AUTHORIZATION :

Patricia Pizit

COST LIMIT : \$ 150.00

ORDER DATE : November 13, 2000

ORDER TIME : 9:47 AM

ORDER NO. : 897130-005

CUSTOMER NO: 4307846

CUSTOMER: Marlene Katz, Legal Assistant
CROSBY HEAFEY ROACH & MAY
CROSBY HEAFEY ROACH & MAY
Suite 2000
Two Embarcadero Center
San Francisco, CA 94111-4106

DOMESTIC FILING

NAME: SUPERBROWARD, L.L.C.

EFFECTIVE DATE:

XX REINSTATEMENT
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS: _____

RECEIVED
00 NOV 15 AM 10:43
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA