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Account Name : ENGLISH, MCCUUGHAN & O'BRYAN, P.A.
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LIMITED LIABILITY REINSTATEMENT

BERTRAM 54 LLC

Certificate of Status	1
Certified Copy	0
Page Count	02 3
Estimated Charge	\$255.00

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00 APR 12 PM 5:00
DIVISION OF CORPORATIONS

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 12, 2000

ENGLISH, CCAUGHAN & O'BRYAN, P.A.

SUBJECT: BERTRAM 54 LLC
REF: W00000009676

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DIVISION OF CORPORATIONS
STATE OF FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name on the fax audit page and the reinstatement application do not match.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Agnes Lunt
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FAX Aud. #: H00000016208
Letter Number: 900A00020074

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		APR 12 PM 5:00	
DOCUMENT # M97000000704 1. Limited Liability Company's Name BERTRAM 54 LLC							
2. Principal Office Address 40 North Compass Drive Suite, Apt. #, etc.				3. Mailing Office Address 40 North Compass Drive Suite, Apt. #, etc.			
City & State Fort Lauderdale, FL				City & State Fort Lauderdale, FL			
Zip 33308		Country USA		Zip 33308		Country USA	
4. State/Country of Formation Delaware						5. Date Organized or Qualified To Do Business in Florida October 24, 1997	
6. FEI Number 65-0794871						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 EMO Corporate Services, Inc.							
Street Address (P.O. Box Number is Not Acceptable) 100 Northeast Third Avenue							
Suite, Apt. #, Etc. Suite 1100							
City Fort Lauderdale						State / Zip Code FL 33301	
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 By <u>Debbie Chrystie</u> Assistant Secretary Date <u>4/11/00</u> 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		
MGRM	Stewart R. Rales	40 North Compass Drive			Fort Lauderdale, FL 33308		
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 <u>Stewart R. Rales</u> Date <u>4/11/00</u> Daytime Phone # <u>(954) 772-5554</u> Typed or printed name of signing Managing Member/Manager <u>Stewart R. Rales, Managing Member</u>							