APPRUYEL.

PERASS READ ALL INSTRUCTIONS BEFORE COMPATING THIS FORWER 03 FEB -5 AM 9: 53 SECRETARY OF SHATE DIVISION OF CORPORATIONS DOCUMENT # M99000001069 1. Limited Liability Company's Name SANCTUARY 4298 INVESTMENTS, LLC 900010124359 01/15/03--01029--013 \*\*250.00 900010124359 450.00 3. Mailing Office Address 2. Principal Office Address ONE S.E. THIRD AVENUE ONE S.E. THIRD AVENUE 4. State/Country of Formation **FLORIDA** Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified **SUITE 1940 SUITE 1940** To Do Business in Florida 07/12/99 City & State City & State Applied For 6. FEI Number MIAMI, FLORIDA 582458524 MIAMI, FLORIDA Not Applicable -Zip \*Country Country.55 Zip -\$5.00 Additional Fee required CERTIFICATE OF STATUS DESIRED 33131 USA for a Certificate of Status USA 33131 8. Name and Address of Current Registered Agent ROBERT S. ABRAMS Street Address (P.O. Box Number is Not Acceptable) 647 SANCTUARY DRIVE Suite, Apt. #, Etc. Zip Code State 33431 **BOCA RATON** 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. Registered Agent 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Member/Manager City / State / Zip Titles **BOCA RATON, FL 33431** 647 SANCTUARY DRIVE **MGR** ROBERT S. ABRAMS 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 filling this rejectatement application the recent for discouling has been adjusted. The limited filling this rejectatement application the recent for discouling has been adjusted. 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. Managing Member/Manager

ROBERT S. ABRAM

Typed or printed name of signing Managing Member/Manager