9-16-05
250.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 MAR 27 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT # M99000001559

1. Limited Liability Company's Name
Kings Berkshire West, LLC

2. Principal Office Address	3. Mailing Office Address
201 Alhambra Circle	Same
Suite, Apt. #, etc.: 601	Suite, Apt. #, etc.
City & State: Coral Gables, FL	City & State
Zip: 33134 / Country: USA	Zip / Country

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 10/04/1999

6. FEI Number: 59-3598281 ☐ 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: Ronald R. Fieldstone

000095593510
04/03/07--01051--015 **201.00

Street Address (P.O. Box Number is Not Acceptable): 201 ALHAMBRA CIRCLE, Ste 601

000095593510
04/03/07--01051--017 **50.00

Suite, Apt. #, Etc.:

City: CORAL GABLES | State: FL | Zip Code: 33134

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 _____ Date _____
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	Ronald R. Fieldstone	201 ALHAMBRA CIRCLE, Ste 601	Coral Gables, FL 33134
MGR	Joseph G. Lubeck	825 Parkway Street, Ste 4	Jupiter, FL 33477
MGR	Paul A. Lester	201 ALHAMBRA CIRCLE, Ste 601	Coral Gables, FL 33134
MGR	David Shear	201 ALHAMBRA CIRCLE, Ste 601	Coral Gables, FL 33134
		REINSTATEMENT	25-07

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 _____ Date 1-9-7 Daytime Phone # 305 357-1001

Typed or printed name of signing Managing Member/Manager: Paul A. Lester, Manager