PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 16 AM 10:36

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000006211

1. Limited Liability Company's Name
BAKLOT ASSOCIATES, LLC

800056153098
06/14/05--01050--002 **250.00

2. Principal Office Address	3. Mailing Office Address
608 WEST DILIDO DRIVE	608 WEST DILIDO DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI BEACH, FL	City & State: MIAMI BEACH, FL
Zip: 33139 Country: U.S	Zip: 33139 Country: U.S.

4. State/Country of Formation: FL/MIAMI-DADE

5. Date Organized or Qualified To Do Business in Florida: 05/30/00

6. FEI Number: 65-1012368 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certified Copy

8. Name and Address of Current Registered Agent

Name: JOHANNA RAVELO

Street Address (P.O. Box Number is Not Acceptable): 1111 BRICKELL AVENUE

Suite, Apt. #, Etc.: SUITE 1100

REINSTATEMENT 03-05

City: MIAMI State: FL Zip Code: 33131

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: 5-12-05

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	JAIN, AVRA	608 WEST DILIDO DRIVE	MIAMI BEACH FL 33139
MBR	MORTENSEN, SUSANNE	608 WEST DILIDO DRIVE	MIAMI BEACH, FL 33139

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: 5/12/05 Daytime Phone #: 305 674 1158

Typed or printed name of signing Managing Member/Manager: _____