

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 31 AM 9:01

DOCUMENT # L02000031670 1. Entity Name MAX & FRANK, L.L.C.					
Principal Place of Business 413 WASHINGTON AVENUE MIAMI BEACH, FL 33139				Mailing Address 413 WASHINGTON AVENUE MIAMI BEACH, FL 33139	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 10711 S W 104 Street Suite, Apt. #, etc.			
City & State Zip		City & State Miami, Florida Zip 33176		4. FEI Number APPLIED FOR EIN	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CAVALLETTI, FRANCESCO 413 WASHINGTON AVENUE MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$200.00		<div style="display: flex; align-items: center;"> <div style="border: 2px solid black; padding: 5px; margin-right: 10px;"> REINSTATEMENT </div> <div style="font-size: 2em; font-weight: bold;">04-05</div> </div> <p style="text-align: right;">Make check payable to Florida Department of State</p>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAVALLETTI, FRANCESCO 413 WASHINGTON AVENUE MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FORTUNATO, MASSIMO 413 WASHINGTON AVENUE MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SIGNATURE: <u>MASSIMO FORTUNATO</u> </div> <div style="width: 45%;"> <u>4/26/07</u> (305) 598-2276 </div> </div>					