PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 20 AM 10:45

DOCUMENT # L03000007858

1. Limited Liability Company's Name

MA REVE, LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
1875 NE 149TH ST	1875 NE 149TH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NORTH MIAMI, FL	City & State: NORTH MIAMI, FL
Zip: 33181 Country: USA	Zip: 33181 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 03/04/03

6. FEI Number: 02-0684712 ☐ 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: STEVEN ROSS

Street Address (P.O. Box Number is Not Acceptable): 1875 NE 149TH STREET

Suite, Apt. #, Etc.:

City: NORTH MIAMI State: FL Zip Code: 33181

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: Steve-Ross Date: 10/17/06

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
MNG/MEM.	STEVEN ROSS	1875 NE 149TH ST	NORTH MIAMI, FL 33181
			900081021489 10/19/06--01030--007 **250.00
		REINSTATEMENT	04-06

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: Steve Ross Date: 10/17/06 Daytime Phone #: 9545668513

Typed or printed name of signing Managing Member/Manager: STEVEN ROSS