

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

07 OCT 30 PM 2:53

DOCUMENT # LD3 0000 28 949

1. Limited Liability Company's Name

ORANGE LICENSING, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # <u>141 NE 3rd AV</u> Suite, Apt. #, etc. <u>12 FLOOR</u> City & State <u>MIAMI, FL</u> Zip <u>33132</u> Country <u>USA</u>		3. Mailing Office Address <u>141 NE 3rd AV</u> Suite, Apt. #, etc. <u>12 FLOOR</u> City & State <u>FL</u> Zip <u>33132</u> Country <u>USA</u>	
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4. State/Country of Formation <u>FL / USA</u>
5. Date Organized or Qualified To Do Business in Florida
6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
SCOTT DEUTSCH

Street Address (P.O. Box Number is Not Acceptable)
141 NE 3rd AV

Suite, Apt. #, Etc.
12 FLOOR

City
MIAMI State
FL Zip Code
33132

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 [Signature] Date 10-23-07

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
<u>MGRM</u>	<u>SCOTT DEUTSCH</u>	<u>141 NE 3rd AV - 12 FLOOR</u>	<u>MIAMI, FL - 33132</u>

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10/29/07--01065--010 **200.00

REINSTATEMENT 2006-07

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 [Signature] Date 10/29/07 Daytime Phone # (305) 424-1210

Typed or printed name of signing Managing Member/Manager SCOTT DEUTSCH