

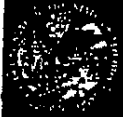

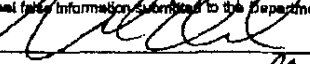
From:

11/20/2014 11:36

#017 P.002/002

H14000267935 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| LIMITED LIABILITY COMPANY REINSTATEMENT | |  | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
|---|---|---|--|--|---|
| DOCUMENT # <u>L04600048654</u> | | | | | |
| 1. Limited Liability Company's Name BRANDMAKERS WORLDWIDE, LLC | | | | | |
| 2. Principal Office Address - No P.O. Box # 500 South Ocean Blvd. | | | 3. Mailing Office Address 222-18 39th Avenue | | |
| Subs. Apt. #, etc. Apt. 208 | | | Subs. Apt. #, etc. | | |
| City & State Boca Raton, Florida | | | City & State Bayside, New York | | |
| Zip 33432 | Country US | Zip 11361 | Country US | 4. State/Country of Formation Florida/US | |
| | | | | 5. Date Organized or Qualified To Do Business in Florida June 29, 2004 | |
| | | | | 6. FEI Number 562472735 | Applied For <input type="checkbox"/> |
| | | | | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | \$2.50 Addt'l. Fee For 100-101 File in Certificate of Status |
| 8. Name and Address of Current Registered Agent | | | | | |
| Name Tobin & Reyes, P.A. | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 225 N.E. Mizner Boulevard | | | | | |
| Subs. Apt. #, Etc. Suite 510 | | | | | |
| City Boca Raton | | State FL | Zip Code 33432 | | |
| 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. | | | | | |
| Signature of Registered Agent  | | | | Date 11/20/14 | |
| REGISTERED AGENT MUST SIGN | | | | | |
| 10. Names and Street Addresses of Authorized Representatives/Managers | | | | | |
| Titles | Name of Authorized Representatives/Managers | Street Address of Each Authorized Representative/Manager | | City / State / Zip | |
| Mgr. | Michael Ehrlich | 500 South Ocean Blvd., Apt. 208 | | Boca Raton, Florida 33432 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 11. E-mail Address: <u>dst@tobinreyes.com</u> | | | | | |
| <small>(To be used for future annual report notifications)</small> | | | | | |
| 12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.156, F.S. | | | | | |
| Signature of Authorized Representative/Manager  | | | | Date 11/19/14 Daytime Phone # 561 445 8200 | |
| Typed or printed name of signing Authorized Representative/Manager MICHAEL EHRLICH | | | | | |

H14000267935 3

From:

11/20/2014 11:36

#017 P.001/002

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000267935 3)))



H140002679353ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : TOBIN & REYES, P.A.
Account Number : I20000000155
Phone : (561) 620-0656
Fax Number : (561) 620-0657

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LIMITED LIABILITY REINSTATEMENT
BRANDMAKERS WORLDWIDE, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$238.75 |

Electronic Filing Menu

Corporate Filing Menu

Help