L04000073085

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2010 NOV -9 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/08/10--01054--004 **248.75

CR2E041 (05/10)

DOCUMENT # L04-73085

1. Limited Liability Company's Name
10626 US Hwy 92, L.L.C.

2. Principal Office Address - No P.O. Box #
5232 Windjammer Rd
Suite, Apt. #, etc.
City & State: Plano, TX
Zip: 75093 Country: US

3. Mailing Office Address
5232 Windjammer Rd
Suite, Apt. #, etc.
City & State: Plano, Tx
Zip: 75093 Country: US

4. State/Country of Formation: Hillsborough Fl.

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number: ☑ 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: ALBERT C KREISCHER c/o Fuentes + Kreischer PA Attorneys at Law
Street Address (P.O. Box Number is Not Acceptable): 1407 West Busch Blvd
Suite, Apt. #, Etc.
City: Tampa, FL 33612 State: FL Zip Code: 33612

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: ALBERT C KREISCHER JR Date: 10/15/2010
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
MGRM	Daryl BERMAN	5232 WINDJAMMER RD Plano, TX 75093	PLANO TX 75093

REINSTATEMENT
2010
J. SAULSBERRY
EXAMINER
NOV 10 2010

11. E-mail Address: Daryl berman@Me.com
(To be used for future annual report notifications)

12. 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: Daryl Berman Date: 10/15/10 Daytime Phone #: 972 207 2335

Typed or printed name of signing Managing Member/Manager: