## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| LIMITED LIABILITY COMPANY REINSTATEMENT   | FLORIDA DEPARTMENT OF<br>Secretary of State<br>DIVISION OF CORPORATIONS |   | FILED<br>O7MARI6 AMII:   |                            |  |
|---|---|---|--|----------------------------|--|
| DOCUMENT # L04000084572  1. Limited Liability Company's Name  |   |   | SECALIARY OF STATE<br>TALLAHASSEE, FLORIDA   |                            |  |
| A+B Reward Club LLC   |   |   | CP2E044 (4/07)   |                            |  |
| 2. Principal Office Address - No P.O. Box #   | 3. Mailing Office Address   |   | CR2E041 (1/07)   |                            |  |
| 1999 W. Colonial DR   | 0.35. 474 # 545   | 4. State/Coun                                     | try of Formation   |                            |  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.   |   | nized or Qualified<br>ness in Florida  |                            |  |
| City & State  | City & State  | 6. FEI Numbe                                      | er ,   | Applied For Not Applicable |  |
| Zip Country   | 32804 Country   | 7.<br>CERTIFICATE                                 | CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status  |                            |  |
| 8. Name and Address of Current Registered Agent   |   |   |  |                            |  |
| Street Address (P.O. Box Number is Not Acceptable  Too Falcaces  Suite, Apt. #, Etc.  | 30ml  | in circ<br>receive<br>box, yo<br>not re           | 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 REGISTERED AGENT MUST SIGN  Date March 16.07   |   |   |  |                            |  |
| 10. Names and Street Addresses of Managing Members/Managers   |   |   |  |                            |  |
| Titles Name of Managing Members/Manage  | ers Managing Me   | Street Address of Each<br>Managing Member/Manager |  | City / State / Zip         |  |
| MGRM Mateira Isaac  | 5028 Mille  | 5028 Millenia Blod<br>S028 Millenia Blod          |  | 32838                      |  |
| norm Audurin William  | sorg mu   | enia Blod   | orlab fl   | 35.839                     |  |
| •   |   | 5.0<br>03/22.                                     | <b>100944€3</b> 4<br>0701003024  | <b>∤⊖5</b><br>**150.00     |  |
| •   |   | A CF  | ENENT 20   | 105-07                     |  |
| 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 filling 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 Manager Manager Date Mad Use D Daytime Phone (404) 264-7407  Typed or printed name of signing Managing Member/Manager Malana ISSAS AUDIUN WILLIAMS   |   |   |  |                            |  |
| Typed or printed name of signing Managing Member/Manager Matham TSSKS AUDIN Williams  |   |   |  |                            |  |