PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
10 JUN 22 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000057237

1. Limited Liability Company's Name

NOTW R&D LLC

300182475903
06/22/10--01018--002 **551.25

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11 TIARA	11 TIARA
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: IRVINE, CA	City & State: IRVINE, CA
Zip: 92614 Country: USA	92614 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 05/31/2007

6. FEI Number: 26-0273249 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 [illegible]

8. Name and Address of Current Registered Agent

Name: CorpDirect Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable): 515 East Park Avenue

Suite, Apt. #, Etc:

City: Tallahassee State: FL Zip Code: 32301

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: Katie Wonsch, Asst. Sec. Date: 6/22/2010
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	Kerry Canto	1200 Quail Street	Newport Beach, CA 92660

REINSTATEMENT
08-10 AL

11. E-mail Address: kerrycanto@yahoo.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 for reason of dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, 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: Date: 6/21/10 Daytime Phone #: 949-307-2643

Typed or printed name of Signing Managing Member/Manager: Kerry Canto