## PLEASE READ ALL INSTRUCTIONS BEFORE

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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COMPANY REINSTATEMENT	Y Secretary of State			14 JAN 16	(d) (3) (5)		
DOCUMENT #  1. Limited Liability Company's Name  L11000032883  THE SIMON-CRAIR EMPLOYEE RESCUE PLAN LLC				SECRETA MORROS SE TALLAMAN, AND			
			0171	<b>DO255184</b> 6/1401023001 CR2E041 (12/13			
2. Principal Office Address - No P.O. Box # 8925 SW 148 STREET	Mailing Office Address     8925 SW 148	ng Office Address SW 148 STREET		try of Formation			
		E 218		FLORIDA  5. Date Organized or Qualified To Do Business in Florida			
City & State MIAMI, FLORIDA Zip Country	City & State MIAMI, FLORIDA		6. FEI Numbe	6. FEI Number Applied Fo 30-0708864 Not Applie			
33176 MIAMI-DADE	33176	MIAMI-DADE	7. CERTIFICATE		0 Additional Fee required or a Certificate of Status		
8. Name and Address of Current Registered Agent  Name DAVID F. SIMON  Street Address (P.O. Box Number is Not Acceptable) 8925 SW 148 STREET  Suite, Apt. #, Etc. SUITE 218  City''  MIAMI  State  Zip Code MIAMI  FL  33176  9. I, being appointed the registered agent of the above named limited liability company, am familiar with and  Signature of Registered Agent  Address of Current Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  8925 SW 148 STREET  Suite, Apt. #, Etc.  SUITE 218  City''  State  Zip Code  A3176  9. I, being appointed the registered agent of the above named limited liability company, am familiar with and  Signature of Registered Agent			01/00 M\N (To be	E-mail Address DD 2 5 5 1 8 4 2/1401033005  NICO SIMO  used for future annu- tions of Chapter 605, F.S.  Date 12/31/2013	15 **238.75 16fa.Net		
10. Names and Addresses of Each Person Authori	REGISTERED AGENT MUST zed to manage the Limited						
Titles AMBR/MGR Name of Authorized Person	Name of Authorized Barren Street Address of Each Au		zed Person	City / State	/ Zıp		
mgr David Simor	997	 	1 = 218	Miami &	33176		
				JAN 1 © 2014 M. WILLIAM	s		

11. I certify that I am an authorized person 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 Chapter 605, 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 in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Si	gna	ture	of
Δ.,	thor	haci	Person



-Date 12/31/2013

Daytime Phone # 305-234-2797

Typed or printed name of signing Authorized Person DAVID F. SIMON