PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

L02000022511

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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1. Limited Liability Company's Name

10 South Shore LLC

REINSTATEMENT 2003-2004

2. Principal Office Address	3. Mailing Office Address
1633 Lombard St	1633 Lombard St.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: San Francisco CA	City & State: San Francisco. CA
Zip: 94123 Country: USA	Zip: 94123 Country: USA

4. State/Country of Formation: Florida, Dade County

5. Date Organized or Qualified To Do Business in Florida: 8/29/02

6. FEI Number: 16-1628362 ☑ 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: Saul Basaroff /DK International

Street Address (P.O. Box Number is Not Acceptable): 1800 Sunset Harbour Dr.

Suite, Apt. #, Etc.: Ste 1

City: Miami Beach. State: FL Zip Code: 33139

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: [signature] REGISTERED AGENT MUST SIGN Date: 09/15/04

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
MGM	Mc Mahon Denis	10 S. Shore Dr.	Miami Beach, FL 33140
MGR			
	Mc Mahon Christina M.	10 S. Shore Dr.	Miami Beach FL 33140
	REINSTATEMENT 2003		
	2004		

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 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: [signature] Date: _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager: _____