


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT 2015-2016				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L14000169406					
1. Limited Liability Company's Name 5765 SOMI LLC					
2. Principal Office Address - No P.O. Box # 1035 NW 21ST TERRACE			3. Mailing Office Address 1035 NW 21ST TERRACE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MIAMI, FL			City & State MIAMI, FL		
Zip 33127	Country USA	Zip 33127	Country USA		
8. Name and Address of Current Registered Agent					
Name SCOTT FUHRMAN					
Street Address (P.O. Box Number is Not Acceptable) Suite, 1035 NW 21ST TERRACE					
Apt. #, Etc.					
City MIAMI	State FL	Zip Code 33127			

FILED
16 FEB 17 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida OCTOBER 30, 2014	
6. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

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02/17/16--01028--014 **382.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Date **02/11/15**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AMBR	SCOTT FUHRMAN	1035 NW 21ST TERRACE	MIAMI, FL 33127

11. E-mail Address: **FUHRMAN@GMAIL.COM**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee 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 requirement of section 605.0012, 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.

Signature of authorized representative/member

Date

2/11/16

Daytime Phone #

303 570 9055

Typed or printed name of signing authorized representative/member

SCOTT FUHRMAN