
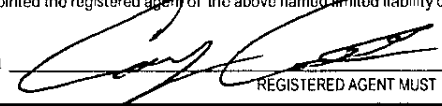
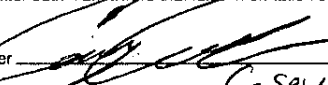


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

ED

LIMITED LIABILITY COMPANY REINSTATEMENT		 <p>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p>		<p>16 NOV 1 PM 2:03</p> <p>SECRETARY OF STATE TAMARA L. RAY</p> <p>900291859659 11/01/16--01010--022 **238.75</p> <p>CR2E041 (1/14)</p>																									
<p>DOCUMENT # LS000054893</p> <p>1. Limited Liability Company's Name 345 Ocean 525 LLC</p>																													
<p>2. Principal Office Address - No P.O. Box # 345 Ocean Drive Suite, Apt. #, etc 525 City & State Miami Beach, FL Zip 33139 Country U.S.</p>		<p>3. Mailing Office Address 345 Ocean Drive Suite, Apt. #, etc 525 City & State Miami Beach, FL Zip 33139 Country U.S.</p>		<p>4. State/Country of Formation Florida</p> <p>5. Date Organized or Qualified To Do Business in Florida 3/27/2015</p> <p>6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable</p> <p>7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status</p>																									
<p>8. Name and Address of Current Registered Agent</p> <p>Name Casey R Cummings PLLC Street Address (P.O. Box Number is Not Acceptable) Suite 828 Himmermarsh Street Apt. #, Etc Fort Lauderdale State FL Zip Code 33312</p>																													
<p>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.</p> <p>Signature of Registered Agent  Date 10/20/2016</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																													
<p>10. Names and Street Addresses of Authorized Representatives/Managers</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Authorized Representatives/Managers</th> <th style="width: 30%;">Street Address of Each Authorized Representative/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>Timothy Atkinson</td> <td>345 Ocean Drive # 525</td> <td>Miami Beach, FL 33139</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip	MGR	Timothy Atkinson	345 Ocean Drive # 525	Miami Beach, FL 33139																
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REINSTATEMENT				<p>S. HAWKES NOV - 2 AM. EXAMINER</p>																									
<p>11. E-mail Address: Casey@RosenbergCummings.com</p> <p style="text-align: center; font-size: 0.8em;">(To be used for future annual report notifications)</p>																													
<p>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.</p> <p>Signature of authorized representative/member  Date 10/20/2016 Daytime Phone # 267 980 2424</p> <p>Typed or printed name of signing authorized representative/member Casey Cummings</p>																													