

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 20 PM 5:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L00000005438

1. Limited Liability Company's Name

Quick Kiosk LLC

2. Principal Office Address

10 Birchmeadow Circle

Suite, Apt. #, etc.

3. Mailing Office Address

10 Birchmeadow Circle

Suite, Apt. #, etc.

City & State

Framingham MA

City & State

Framingham MA

Zip

01701

Country

Zip

01701

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

5/8/00

6. FEI Number

58-2543991

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

BURMAN, BRYAN Esquire

Street Address (P.O. Box Number is Not Acceptable)

1200 Brickell Ave

Suite, Apt. #, Etc.

1720

City

Miami

State

FL

Zip Code

33131

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

Todd S. Liebman
REGISTERED AGENT MUST SIGN

Date 12/17/02

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
President	Todd S. Liebman	10 Birchmeadow Circle	Framingham MA 01701
VP	Bruce S. Liebman	172 Cameron Dr.	Wornton FL 33326

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

Todd S. Liebman

Date

12/17/02

Daytime Phone #

508-405-1171

Typed or printed name of signing Managing Member/Manager

Todd S. Liebman

CR2041 (9/01)