I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRES.

SIGNATURE: PETER KOSINSKI

Electronic Signature of Signing Authorized Person(s) Detail

ertificate of Status Desired: Yes

## 2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

Title

Name

Address

AMBR

KOSINSKI, PETER 300 NE 8TH AVE.

City-State-Zip: FORT LAUDERDALE FL 33301

d agent, or both, in the State of Florida.

10/30/2018 Date

10/30/2018 Date

FILED Oct 30, 2018 **Secretary of State** CR9341078256