PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB 19 PM 3:54

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1. Limited Liability Company's Name
Cigarz at the Orlando Arena, LLC

10/1/01

2. Principal Office Address		**3.** Mailing Office Address	
600 W. Amelia Street		290 N. Beach Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Orlando, FL		City & State: Daytona Beach, FL	
Zip: 32801	Country: USA	Zip: 32114	Country: USA

4. State/Country of Formation: Florida, United State of America

5. Date Organized or Qualified To Do Business in Florida: 1/24/2000

6. FEI Number: 59-3673458 ☐ 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: Bruce Rossmeyer
Street Address (P.O. Box Number is Not Acceptable): 290 N. Beach Street
Suite, Apt. #, Etc.:
City: Daytona Beach State: FL Zip Code: 32114

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 _____ Date 2/14/02
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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
Managing Member	Bruce Rossmeyer	290 N. Beach Street	Daytona Beach, FL 32114
Member	Michael Shvartsman	600 W. Amelia Street	Orlando, FL 32801
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			01 50.00
			02 50.00
	REINSTATEMENT 2001-2002		200.00 nc

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 _____ Date 2/14/02 Daytime Phone # (386) 253-2453

Typed or printed name of signing Managing Member/Manager Bruce Rossmeyer