

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPI

07 MAY 18 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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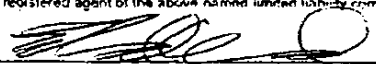
DOCUMENT # L 00000001771

1. Limited Liability Company's Name

CONRAD Holdings, LLC

2. Principal Office Address - No P.O. Box		3. Mailing Office Address	
2901 SW 3 RD AVE		2901 SW 3 RD AVE	
Suite, Apt. #, etc. 1A		Suite, Apt. #, etc. 1A	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL	
Zip 33315	Country USA	Zip 33315	Country USA

B. Name and Address of Current Registered Agent	
Name Edward C. Conrad	
Street Address (P.O. Box Number is Not Acceptable) 2901 SW 3 RD AVE	
Suite, Apt. #, Etc. 1A	
City Fort Lauderdale	State FL
Zip Code 33315	

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 5-18-07

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Member	Edward C. Conrad	2901 SW 3 RD AVE STE 1A	FT. Lauderdale FL 33331
Secy	Antonio CASTRO	7630 Farragut ST.	Hollywood FL 33024

11. I certify that I am managing member/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 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 a sworn affidavit.	
Signature of Managing Member/Manager 	Date 5-18-07
Typed or printed name of signing Managing Member/Manager EDWARD C. CONRAD	

REINSTATEMENT 04-07

A. State/Country of Formation Florida	
B. Date Organized or Qualified To Do Business in Florida Feb. 10, 2000	
C. FEI Number 582551061	Insured For Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required	

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.