FILED

07 MAY 18 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPL

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 00000001771

1. Limited Liability Company's Name

CONRAD Holdings, LLC

REINSTATEMENT 04-07

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2901 SW 3RD Ave	2901 SW 3RD 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

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: Feb. 10, 2000

6. FEI Number: 58 255 1061 (Applied For / Not Applicable)

7. CERTIFICATE OF STATUS DESIRED ★ $5.00 Additional Fee required

8. Name and Address of Current Registered Agent

Name: Edward C. CONRAD

Street Address (P.O. Box Number is not acceptable): 2901 SW 3RD Ave

Suite, Apt. #, Etc.: 1A

City: Fort Lauderdale State: FL Zip Code: 33315

☒ 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.

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: [signature] Date: 5-18-07

REGISTERED AGENT MUST SIGN

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
Mg Mbr	Edward C Conrad	2901 SW 3RD Ave Ste 1A	Ft. Lauderdale FL 33312
Secr	Antonio CASTRO	7630 Farragut ST.	Hollywood FL 33024

$100.00
05/31/07--01019--001 **205.00

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: [signature] Edward C Conrad Date: 5-18-07 Daytime Phone # 954 288 1077

Typed or printed name of signing Managing Member/Manager: EDWARD C CONRAD