

L00000005400

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 22 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000005400

1. Limited Liability Company's Name

ZBRANDZ, LLC

400019732764
05/22/03--01013--006 **200.00

2. Principal Office Address

6187 NW 167th St

Suite, Apt. #, etc.

#141

3. Mailing Office Address

P.O. Box 170055

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL

Zip

33015

Country

USA

City & State

MIAMI LAKES, FL

Zip

33017

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified

To Do Business in Florida

5/10/2000

6. FEI Number

T651024516

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

ATRIUM Registered Agents, Inc.

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

1500 SAN LEO Avenue

Suite, Apt. #, Etc.

Suite 125

City

Coral Gables

State

FL

Zip Code

33146

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] Secretary + Vice President
REGISTERED AGENT MUST SIGN

Date

April 30, 2003

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
MGR	Bruce S. Hammer	6187 NW 167th St #141	MIAMI LAKES, FL 33015

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]

Date

4/24/03

Daytime Phone #

305-844-5000

Typed or printed name of signing Managing Member/Manager

BRUCE HAMMER

CR2041 (10/02)