

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

01 NOV -5 PM 12: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000007164

1. Limited Liability Company's Name

PYRAMID HOLDING, LLC

2. Principal Office Address

2901 STIRLING Rd

Suite, Apt. #, etc.

#207

City & State

FT. LAUDERDALE FL

Zip

33312

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT 2001

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

7-25-2000

6. FEI Number

65-1017938

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

WAYNE PATHMAN

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

1 BISCAYNE TOWER 2 SOUTH BISCAYNE BLVD

Suite, Apt. #, Etc.

STE. 2400

City

MIAMI FLORIDA

State

FL

Zip Code

33131

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]

REGISTERED AGENT MUST SIGN

Date Oct 31, 2001

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

MM MARK HESSEIN

2901 STIRLING Rd #207

FT LAUDERDALE FL 33312

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****155.00 ****155.00

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]

Date 10-30-01

Daytime Phone # 954-985-0882

Typed or printed name of signing Managing Member/Manager

MARK HESSEIN

CR2E041 (9/01)