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 28 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # L00000007210

1. Limited Liability Company's Name
RIOTECH, LLC

2. Principal Office Address	**3.** Mailing Office Address
1680 MICHIGAN AVE	1680 MICHIGAN AVE
Suite, Apt. #, etc. #918	Suite, Apt. #, etc. #918
City & State MIAMI BEACH, FL	City & State MIAMI BEACH, FL
Zip 33139 Country USA	Zip 33139 Country USA

4. State/Country of Formation: FL, USA

5. Date Organized or Qualified To Do Business in Florida: 6/15/2000

6. FEI Number: 651020808 (EIN) — 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: SEPEHR NIAKAN

Street Address (P.O. Box Number is Not Acceptable): 1680 MICHIGAN AVE

Suite, Apt. #, Etc.: #918

City: MIAMI BEACH State: FL Zip Code: 33139

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 11/19/2001
REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

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
MGRM	JONATHAN KNIGIN	1680 MICHIGAN AVE #918	MIAMI BEACH, FL 33139
MGRM	SEPEHR NIAKAN	"	"
MGRM	ANDY SIKORSKI	"	"

REINSTATEMENT
dcc

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 11/19/2001 Daytime Phone # 305-672-0123

Typed or printed name of signing Managing Member/Manager SEPEHR NIAKAN