PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUN 23 AM 8:22

DOCUMENT # L00000007423

1. Limited Liability Company's Name
MADALEY CONSULTANTS, LLC

2. Principal Office Address	3. Mailing Office Address
7517 MAHOGANY BEND PLACE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON FL	City & State
Zip: 33434 Country: USA	Zip Country

4. State/Country of Formation: FLORIDA
5. Date Organized or Qualified To Do Business In Florida: 6/26/2000
6. FEI Number: 65-1030571 ☐ 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: PHILIP G KUPPERMAN
Street Address (P.O. Box Number is Not Acceptable): 7517 MAHOGANY BEND PLACE
800056471468 06/23/05--01022--008 **35.00
Suite, Apt. #, Etc.
City: BOCA RATON State: FL Zip Code: 33434

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: Philip G Kupperman REGISTERED AGENT MUST SIGN Date: 6/20/05

CR2E041 (10/02)

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
PRES MGR	PHILIP G KUPPERMAN	7517 MAHOGANY BEND PLACE	BOCA RATON, FL 33434

REINSTATEMENT 02-05

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: Philip G Kupperman Date: 6/20/05 Daytime Phone# 561-488-2753 (H) 201-788-5628 (C)

Typed or printed name of signing Managing Member/Manager: PHILIP G KUPPERMAN