PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L00000008340

1. Limited Liability Company's Name

COMMERCIAL STATION, LLC

10003094934 1
03/23/04--01109--001   **200.00

2. Principal Office Address 1500 W. Cypress Creek Road	**3.** Mailing Office Address 1500 W. Cypress Creek Road	**4.** State/Country of Formation Florida
Suite, Apt. #, etc. Suite 409	Suite, Apt. #, etc. Suite 409	**5.** Date Organized or Qualified To Do Business in Florida 7/14/00
City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL	**6.** FEI Number 65-1024087 Applied For / Not Applicable

Zip 33309	Country US	Zip 33309	Country US	**7.** CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Scott Brenner

Street Address (P.O. Box Number is Not Acceptable) 1500 W. Cypress Creek Road

Suite, Apt. #. Etc. Suite 409

City Fort Lauderdale	State FL	Zip Code 33309

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 _____ REGISTERED AGENT MUST SIGN   Date 3/18/04

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	Zam-Commercial Station, LLC	1500 W. Cypress Creek Road	Fort Lauderdale, FL 33309

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 3/18/04   Daytime Phone # 964.596.5555

Typed or printed name of signing Managing Member/Manager ZAM – Commercial Station LLC
Managing Member, by Scott Brenner, Manager