1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2001

LIMITED LIABILITY COMPANY REINSTATEMENT

UBR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 NOV -1 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 00000009239

1. Limited Liability Company's Name

ANTHONY-MARTIN & ASSOCIATES, LLC

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 2225 S. OCEAN BLVD. | SAME |
| Suite, Apt. #, etc. UNIT #1 | Suite, Apt. #, etc. |
| City & State DELRAY BEACH, FL. | City & State |
| Zip 33483 County PALM BEACH | Zip Country |

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida AUGUST 2ND 2000

6. FEI Number 65-1032696 ☐ 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 MARTIN SATALINO

Street Address (P.O. Box Number is Not Acceptable) 2573 NW 59TH STREET

Suite, Apt. #, Etc.

City BOCA RATON State FL Zip Code 33496

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*****55.00 *****55.00

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 10/29/01
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 | ANTHONY D. FIORIO | 2410 NW 36TH STREET | BOCA RATON, FL. 33431 |
| MGRM | MARTIN SATALINO | 2573 NW 59TH STREET | BOCA RATON, FL. 33496 |
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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 10/29/01 Daytime Phone # 561 542-7755

Typed or printed name of signing Managing Member/Manager MARTIN SATALINO