PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

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

01 OCT -3 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000011113

REINSTATEMENT 2000

1. Limited Liability Company's Name
KISS OF SOUTH BEACH LLC

2. Principal Office Address	3. Mailing Office Address
301 Lincoln Rd	301 Lincoln Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach, Fl	City & State: Miami Beach, Fl
Zip: 33139 Country: USA	Zip: 33139 Country: USA

4. State/Country of Formation: Florida/USA
5. Date Organized or Qualified To Do Business in Florida: 9/14/2000
6. FEI Number: Applied For ☒ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☒ $30.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

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-10/08/01--01020--005
****100.00 ****100.00

Name: JONATHAN D. BELOFF, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 1111 Lincoln Road
Suite, Apt. #, Etc.: 400
City: Miami Beach, Florida 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 10/2/01
REGISTERED AGENT MUST SIGN

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	Robert C. Rifkin	3605 S. Tamarac Dr	Denver, CO 80237
MM	David I Tornek	3605 S. Tamarac Dr	Denver, CO 80237
MM	Gerald N. Kernis	3605 S. Tamarac Dr.	Denver, CO 80237

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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 _____ Authorized Agent Date 9/28/01 Daytime Phone # 305-673-1101

Typed or printed name of signing Managing Member/Manager JONATHAN D. BELOFF, ESQ., AUTHORIZED AGENT

Post-it® Fax Note 7671	Date 10/2/01	# of pages ▶
To Stacey	From Elizabeth	
Co./Dept.	Co.	
Phone #	Phone # 305673-1101	
Fax # 850-222-1222	Fax #	