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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
02 AUG 27 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT #

1. Limited Liability Company's Name
Shared MAii Acquisitions, LLC
L000000 15868
4/28/01

2. Principal Office Address	3. Mailing Office Address
13930 NW 60TH Ave	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	S. ame
City & State: Miami Lakes, FL	City & State: same
Zip: 33014 Country: USA	Zip: same Country:

4. State/Country of Formation: Florida, USA
5. Date Organized or Qualified To Do Business in Florida: 12/20/2000.
6. FEI Number: 65-107 4731 ☐ 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: Thomas McCloskey, COO
Street Address (P.O. Box Number is Not Acceptable): 13930 NW 60TH Ave.
Suite, Apt. #, Etc.:
City: Miami Lakes State: FL Zip Code: 33014

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: [signature] Date: 8/6/02.
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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	Sidney Levy	13930 NW 60 Ave	Miami Lakes, FL 33014
MGRM	Scott Levy	13930 NW 60 Ave	Miami Lakes, FL 33014
MGRM	Thomas McCloskey	13930 NW 60 Ave	Miami Lakes, FL 33014
	REINSTATEMENT 2001-2002		BK
		MC	

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: [signature] Date: 7/31/02 Daytime Phone#: 800445 9372.

Typed or printed name of signing Managing Member/Manager: THOMAS McCloskey