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
06 MAR -3 AM 10: 46

DOCUMENT # L01000001810

1. Limited Liability Company's Name

SHAZZ UnLimited, LLC

S000681000845
03/20/06--01019--014   **350.00
CR2E041 (8/05)

2. Principal Office Address 5831
W. HALLANDALE BCH. Blvd

Suite, Apt. #, etc.

City & State: WEST PARK, FL

Zip: 33023 Country: U.SD

3. Mailing Office Address 5831
W. Hallandale Bch. Blvd

Suite, Apt. #, etc.

City & State: WEST Park, FL

Zip: 33023 Country: USA

4. State/Country of Formation
FL USA

5. Date Organized or Qualified To Do Business in Florida 02/01/2001

6. FEI Number 65-1074302
☐ 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: SHARON BROWNE

Street Address (P.O. Box Number is Not Acceptable):
5831 W. HALLANDALE BEACH Blvd.

Suite, Apt. #, Etc.

City: Hollywood State: FL Zip Code: 33023

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 _____

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
CEO	SHARON BROWNE	5831 W. Hallandale Bch. Blvd	Hollywood, FL, 33023
		REINSTATEMENT 02-06	

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 2/27/05 Daytime Phone # 954-983-9999

Typed or printed name of signing Managing Member/Manager SHARON BROWNE