2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 MAY -6 AM 10: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300154591983
05/01/09--01002--015 **277.50

DOCUMENT # L01000003825

1. Entity Name
FREIDA MANAGEMENT LLC

Principal Place of Business	Mailing Address
2300 GLADES ROAD, SUITE 302E BOCA RATON, FL 33431	2300 GLADES ROAD, SUITE 302E BOCA RATON, FL 33431

04292009 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2799 NW Boca Raton Blvd	2799 NW Boca Raton Blvd.
Suite, Apt #, etc: 203	Suite, Apt. #, etc.: 203
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33431 Country: USA	Zip: 33431 Country: USA

4. FEI Number: 65-1083365 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCIARRETTA, STEVEN A 2300 GLADES ROAD, SUITE 302E BOCA RATON, FL 33431	Name: Steven Sciarretta Street Address (P.O. Box Number is Not Acceptable): 2799 NW Boca Raton Blvd. #203 City: Boca Raton FL Zip Code: 33431

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Steven Sciarretta 4.29.09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SCIARRETTA, STEVEN A ESQ 2300 GLADES ROAD, SUITE 302E BOCA RATON, FL 33431 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr. Steven Sciarretta, Esq. 2799 NW Boca Raton Blvd #203 Boca Raton, FL 33431 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300154591983 05/01/09--01002--015 **277.50 ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	- 08-09 CL ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Steven Sciarretta 4.29.09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #