PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 SEP -2 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L C 06000 5321

1. Limited Liability Company's Name

MARK MEYERS CASTLE LLC

2. Principal Office Address	3. Mailing Office Address
1802, N. UNIVERSITY DR	1802-N. UNIVERSITY DR
Suite, Apt. #, etc. # 226	Suite, Apt. #, etc. # 226
City & State PLANTATION FL	City & State PLANTATION FL
Zip 33322 Country USA	Zip 33322 Country USA

4. State/Country of Formation FLORIDA USA

5. Date Organized or Qualified To Do Business in Florida 3rd April 2001

6. FEI Number 651095323 ☐ 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: GREGORY A MARTIN ESQ.

Street Address (P.O. Box Number Is Not Acceptable): 2600 - SOUTH BAYSHORE Dr.

Suite, Apt. #, Etc.: # 1600

REINSTATEMENT 2003-2005 400

City: MIAMI State: FL Zip Code: 33133

I hereby 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 Aug 05

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

9. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SAVITA KEZERLE	1802 N NORTH UNIVERSITY Dr #226	PLANTATION FL 33322
M	SAVITA KEZERLE	1802-N. UNIVERSITY Dr #226	PLANTATION FL 33322
M	MARK MEYERS	1802-N. UNIVERSITY DR #226	PLANTATION FL 33322

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09/13/05--01061--016 **750.00

10. 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 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: 8 Aug 05 Daytime Phone # 518-4669972

Typed or printed name of signing Managing Member/Manager: SAVITA KEZERLE