PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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

DOCUMENT # L01000005322

1. Limited Liability Company's Name
S, D A L.L.C.

2. Principal Office Address	3. Mailing Office Address
1802 - N. UNIVERSITY Dr	1802 - NORTH UNIVERSITY Dr
Suite, Apt. #, etc. #226	Suite, Apt. #, etc. # 226
City & State PLANTATION, FL.	City & State PLANTATION, FL.
Zip 33322 Country U.S.A.	Zip 33322 Country U.S.A.

4. State/Country of Formation FLORIDA U.S.A.

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

6. FEI Number 651095321 ☐ 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): ~~2601 - SOUTH BAY SHORE Dr.~~ 2601 S. BAYSHORE DR. 16TH FL

Suite, Apt. #, Etc: ~~# 1600~~ 801 Brickell Ave, 9th Fl

City: MIAMI State: FL Zip Code: 33131

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] REGISTERED AGENT MUST SIGN Date: 6 Aug 2005

CR2E041 (10/02)

10. Name and Street Address of Managing Members/Managers

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

REINSTATEMENT 2003 2005

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

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: 6 Aug 2005 Daytime Phone # 954-8-4069472

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