

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF
STATE
DIVISION OF CORPORATIONS

LO1000009305

FILED

NOV 18 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO1000009305

1. Limited Liability Company's Name

Alexis Chase Investment Trust, LLC

10/4/02

2. Principal Office Address

833 Washington Street

3. Mailing Office Address

833 Washington Street

State, Apt. #, etc.

State, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33019

Country

USA

Zip

33019

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

06/11/2001

6. FEI Number

65-1112498

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

Eric Steinman

Street Address (P.O. Box Number is Not Acceptable)

833 Washington Street

State, Apt. #, Etc.

City

Hollywood

State
FL

Zip Code

33019

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of
Registered Agent

[Signature]

Date 11-14-02

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Eric Steinman	833 Washington Street	Hollywood, FL 33019
MGR	Jonathan Kitzen	833 Washington Street	Hollywood, FL 33019

REINSTATEMENT 2002

BK

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 606.406, 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 11-14-02

Daytime Phone #

954-655-1800

Typed or printed name of signing Managing Member/Manager

ERIC STEINMAN