FILED

2010 JUN -3 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800181677858
06/03/10--01031--008 **693.75

CR2E041 (11/09)

DOCUMENT # L01000010867

1. Limited Liability Company's Name
Singman LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5850 NW 42nd Way	5850 NW 42nd Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, Fl	City & State: Boca Raton, Fl
Zip: 33496 Country: Palm Beach	Zip: 33496 Country: Palm Beach

4. State/Country of Formation: US

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 65-1170853 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for Certificate of Status

8. Name and Address of Current Registered Agent

Name: Robert Mittleman

Street Address (P.O. Box Number is Not Acceptable): 5850 NW 42nd Way

Suite, Apt. #, Etc.:

City: Boca Raton State: FL Zip Code: 33496

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Robert Mittleman Date: 5/28/10

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
MGRM	Robert Mittleman	5850 NW 42nd Way	Boca Raton, Fl 33496
MGRM	Richard Singer	1100 S. OCEAN BLVD #1	DELRAY BEACH FL 33483
	REINSTATEMENT-06-10		

11. E-mail Address: _____ (To be used for future annual report notifications)

12. 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: Robert Mittleman Date: 5/28/10 Daytime Phone #: 561 703-1399

Typed or printed name of signing Managing Member/Manager: _____

C.L.