FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC 18 PM 1:28

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # L01000014247

1. Limited Liability Company's Name
SPIRITOSO LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
76 GREENE ST 2FL	76 GREENE ST 2FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NY NY	City & State: NY NY
Zip: 10012 Country: USA	Zip: 10012 Country: USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 8-22-01

6. FEI Number: 010572575 ☐ 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: CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS ST
Suite, Apt. #, Etc.
City: TALLAHASSEE State: FL Zip Code: 32301

☒ 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: [signature] Date: 12-13-2007
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
MGR	ROBERT GIRALDI	211 W BROADWAY	NY NY 10012
			400113205184
			12/17/07--01067--014 **350.00
	REINSTATEMENT 2003-2007		

11. 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 12/13/07 Daytime Phone # 212 966 8523

Typed or printed name of signing Managing Member/Manager: ROBERT GIRALDI