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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000015968

1. Limited Liability Company's Name

MAXXUM PROPERTIES LLC

MJH

12/12 2002

2. Principal Office Address	3. Mailing Office Address
16940 BAY STREET	16940 BAY STREET
Suite, Apt. #, etc. #307 N	Suite, Apt. #, etc. #307 N
City & State JUPITER, FL	City & State JUPITER, FL
Zip 33477 Country USA	Zip 33477 Country USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business In Florida: 09/18/2001

6. FEI Number: 65-1140081 ☐ 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: FERNAND LAMOTHE

Street Address (P.O. Box Number is Not Acceptable): 1401 DEWEY STREET

Suite, Apt #, Etc.:

City: HOLLYWOOD State: FL Zip Code: 33020

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: Fernand Lamothe Date: 12/12/02

REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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	ARMAND LEMAIRE	16940 BAY STREET #307 N	JUPITER, FL 33477
MGR	DENISE LEMAIRE	16940 BAY STREET #307 N	JUPITER, FL 33477

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: Armand Lemaire Date: 12/09/02 Daytime Phone #: 561-746-6757

Typed or printed name of signing Managing Member/Manager: ARMAND LEMAIRE

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Fernand Lamothe

Division of Corporations

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : FERNAND LAMOTHE, INC.
Account Number : 105057001570
Phone : (954)922-1313
Fax Number : (954)922-9569

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LIMITED LIABILITY REINSTATEMENT

MAXXUM PROPERTIES LLC

Certificate of Status	1
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