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LIMITED LIABILITY REINSTATEMENT

SPLENDIDO, L.L.C.

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000021253

1. Limited Liability Company's Name

SPLENDIDO, L.L.C.

2. Principal Office Address	3. Mailing Office Address
6450 Allison Road	6450 Allison Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: 33141 Country: USA	Zip: 33141 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/10/2001

6. FEI Number: 80-00[illegible]3810 ☐ 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: David Shgar

Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle

Suite, Apt. #, Etc.: Suite 601

City: C. Gables State: FL Zip Code: 33134

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: 3/5/03

REGISTERED AGENT MUST SIGN

10. Name and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Piero Filpi	6450 Allison Road	Miami Beach, FL 33141
MGRM	Dean Gamble	4319 E. 7th Avenue	Tampa, FL 33065

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 608.408, F.S., and that all fees owed by this 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: 3/5/03 Daytime Phone # 813-247-7770

Typed or printed name of signing Managing Member/Manager: Dean Gamble, Managing Member

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