

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -3 2003

DOCUMENT # L01000021322

1. Limited Liability Company's Name

VIRTUS, L.L.C.

REINSTATEMENT

2002-2003

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04/03/03--01004--018 **200.00

2. Principal Office Address

670 Tennis Club Drive

3. Mailing Office Address

1709 NE 24 Street

Suite, Apt. #, etc.

311

Suite, Apt. #, etc.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/10/2001

City & State

Fort Lauderdale

City & State

Fort Lauderdale

6. FEI Number

57-1152687

Applied For

Not Applicable

Zip

33311

Country

Broward

Zip

33305

Country

Broward

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Carolina Gorman

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

2500 North Federal Hwy.

Suite, Apt. #, Etc.

201

City

Fort Lauderdale

State

FL

Zip Code

33305

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

Carolina Gorman

REGISTERED AGENT MUST SIGN

Date 03/24/03

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	Max Limbeck	670 Tennis Club Drive, #311	Fort Lauderdale, FL 33311

REINSTATEMENT

2002-2003

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

Max Limbeck

Date 03/24/03

Daytime Phone # (954) 465 4890

Typed or printed name of signing Managing Member/Manager Max Limbeck