

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

05 DEC 30 AM 10:49

DOCUMENT # **L02000000505**

1. Limited Liability Company's Name

TRANSFER NETWORKS LLC

2. Principal Office Address

409 W. Hallandale Beach Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

409 W. Hallandale Beach Blvd

Suite, Apt. #, etc.

City & State

Hallandale Beach, FL

Zip

33009

Country

USA

City & State

Hallandale Beach, FL

Zip

33009

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

JAN. 7, 2002

6. FEI Number

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

MARLON A. HILL, ESQ.

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

200 S. Biscayne Blvd, Suite 2680

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

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

REGISTERED AGENT MUST SIGN

Date

12-30-05

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	PLUM LANE Holdings LLC	1320 NE 156 ST.	N. Miami Bch / FL / 33162
MGRM	K Qubed CORPORATION	8362 Pines Blvd., #362	Pembroke Pines / FL / 33024
MGRM	PATRICK EVELLARD	4874 SW 34 TERRACE	FORT LAUDERDALE, FL 33312

REINSTATEMENT 03-05

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

MANAGER, PLUM LANE Holdings LLC

Date **Dec 27, 2005**

Daytime Phone #

305.494.3506

Typed or printed name of signing Managing Member/Manager

BARRON CHANNER

CR2E041 (10/02)