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SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 MAY -7 AM 9:27

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000010899

1. Limited Liability Company's Name
DOUBLE BOTTOM LINE, LLC

2. Principal Office Address	3. Mailing Office Address
1021 SE 7TH STREET	1021 SE 7TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
FORT LAUDERDALE, FL	FORT LAUDERDALE, FL
Zip: 33301 Country: USA	Zip: 33301 Country: USA

4. State/Country of Formation: FLORIDA/USA

5. Date Organized or Qualified To Do Business in Florida: 7/26/02

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: DAVID ZWICK

Street Address (P.O. Box Number is Not Acceptable): 1021 SE 7TH STREET

Suite, Apt. #, Etc.:

City: FORT LAUDERDALE State: FL Zip Code: 33301

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: _____ Date: 5/3/04
REGISTERED AGENT MUST SIGN

CR2E041 (1/00)

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	DAVID ZWICK	1021 SE 7TH STREET	FORT LAUDERDALE, FL 33301

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: _____ Date: 5/3/04 Daytime Phone#: _____

Typed or printed name of signing Managing Member/Manager: DAVID ZWICK

REINSTATEMENT 03-04 jm

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Florida Department of State

Division of Corporations
Public Access System

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LIMITED LIABILITY REINSTATEMENT

DOUBLE BOTTOM LINE, LLC

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