PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE 04 JUL 21 AM II: 07 COMPANY Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SLOPETARY OF STATE TALLAHASSEE FLORIBA DOCUMENT #(MH 1. Limited Liability Company's Name SPAVE, LLC 3. Malling Office Address 2. Principal Office Address 1217 W. Linebaugh Ave. Suite, Apr. #, etc. 1217 Wilinebaugh AVE, Suite, Apt. #, etc. 4. State/Country of Formation 5. Date Organized or Qualified
To Do Business in Florida MAY 16, 2002 Svite 2 Suite Not Applicable CERTIFICATE OF STATUS DESIREO 🗌 3612 8. Name and Address of Current Registered Agent Kustin, SSO. s (P.O. Bex Number is Not Acceptable) 900039396769 07/21/04--01092--002 ***200 00 W. Linebaugh AVE. 9. I, being appointed to above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S Date_ 7.15.04 Signature of Registered Agent 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each City / State / Zip Managing Member/Manager MARM Bradley A. Kustin 1217 W. Linebaugh Ave, Ste. 1, Tanpa, FL 33612 S. Rahynzar 1217 W. Linebaugh Ave. Ste. 2, Tampa, FL 33612 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

Typed or printed name of signing Managing Member/Manager