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 OCT 31 AM 11:01

DOCUMENT # L02000012375

1. Limited Liability Company's Name
The Platinum Promotions, LLC

2. Principal Office Address	3. Mailing Office Address
13047 88th Place N.	P.O. Box 10321
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach, FL	City & State: Riviera Bch, FL
Zip: 33412 Country: U.S.A.	Zip: 33419 Country: U.S.A.

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida: 05-15-2002

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: Leighanne Ellis
Street Address (P.O. Box Number is Not Acceptable): 13047 88th place N.
Suite, Apt. #, Etc.:
City: West Palm Beach State: FL Zip Code: 33412

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: 09/14/05
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
	None	100059751551 09/19/05--01055--002 **250.00	
President	Leighanne Ellis	P.O. Box 222995	West Palm Beach FL 33422
		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: [signature] Date: 10-20-05 Daytime Phone #: 9545586815

Typed or printed name of signing Managing Member/Manager: LEIGHANNE ELLIS