Jun 02 04 01:31p Matt [illegible] 305 865 6706 p.2

L02000013007

FILED
04 JUN -2 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name
Bondi Blu USA LLC

BK

2. Principal Office Address	3. Mailing Office Address
9550 Bay Harbor Terr. Conn.	
# 209	
Suite, Apt. #, P.O. Box	Suite, Apt. #, P.O. Box
Miami, FL	
City & State	City & State
33154 USA	
Zip / Country	Zip / Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 6/24/2002

6. FEI Number
27-0018748 ☐ 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
Mathew P. Van Ry

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

700037664027
06/04/04--01028--008 *205.00

Suite, Apt. #, Etc.
#1703

City
Miami Beach

State FL | Zip Code 33139

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 6/2/04

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
Operating Member	John Silk	9291 E. Bayharbor Dr.	Bay Harbor Islands, FL 33154
Vice Operating Manager	Matt Van Ry	650 West Ave.	Miami Beach, FL 33139

REINSTATEMENT 2003-2004

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 enclosed 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 6/2/04 Daytime Phone # 786 282-6796

Typed or printed name of signing Managing Member/Manager JOHN R SILK