


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000015346			
1. Limited Liability Company's Name SIROTA, LLC			
2. Principal Office Address - No P.O. Box # C/O KENNETH S. DUBOW Suite, Apt. #, etc. 2699 S. BAYSHORE DRIVE City & State MIAMI, FL Zip 33133 Country USA		3. Mailing Office Address C/O KENNETH S. DUBOW Suite, Apt. #, etc. 2699 S. BAYSHORE DRIVE City & State MIAMI, FL Zip 33133 Country USA	
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida 6/19/2002	
6. FEI Number 13-1227586		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name KENNETH S. DUBOW C/O KAUFMAN, ROSSIN & CO. Street Address (P.O. Box Number is Not Acceptable) 2699 S. BAYSHORE DRIVE Suite, Apt. #, Etc. City MIAMI State FL Zip Code 33133			
<input type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.			
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 <u>Kenneth S. Dubow</u> Date <u>11/19/08</u> REGISTERED AGENT MUST SIGN			
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	PAMELA SIROTA	19333 W. COUNTRY CLUB DR, #1906	AVENUE, FL 33180
MGR	KENNETH S. DUBOW	2699 S. BAYSHORE DRIVE	MIAMI, FL 33133
REINSTATEMENT <u>2007, 2008</u>			
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 <u>Kenneth S. Dubow</u> Date _____ Daytime Phone # <u>305-852-6202</u> Typed or printed name of signing Managing Member/Manager _____			

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA