PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAY 22 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000015988

1. Limited Liability Company's Name

Fountainhead Holdings, LLC

05

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
18001 Collins Avenue		18001 Collins Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
31st Floor		31st Floor	
City & State		City & State	
Sunny Isles Beach, FL		Sunny Isles Beach, FL	
Zip	Country	Zip	Country
33160	USA	33160	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: June 25, 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: Ronald R. Fieldstone

Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle

Suite, Apt. #, Etc.: Suite 601

City: Coral Gables | State: FL | Zip Code: 33134

☑ 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 _____ Date _____

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
MGR	Michael Dezer	18001 Collins Avenue, 31st Floor	Sunny Isles Beach, FL 33160
MGR	Gil Dezer	18001 Collins Avenue, 31st Floor	Sunny Isles Beach, FL 33160

REINSTATEMENT 2005-2009

200156326542

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 _____ Date 5/15/09 Daytime Phone # 305-932-1000

Typed or printed name of signing Managing Member/Manager Gil Dezer

CORPORATION SERVICE COMPANY

L02000015988

RECEIVED
09 MAY 22 PM 1:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : I20000000195

REFERENCE : 014273 7701456

AUTHORIZATION :

COST LIMIT : ~~$793.75~~ $ 693.75

ORDER DATE : May 22, 2009

ORDER TIME : 12:03 PM

ORDER NO. : 014273-005

CUSTOMER NO: 7701456

DOMESTIC FILINGS

NAME: FOUNTAINHEAD HOLDINGS, LLC

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - Ext# 2933

EXAMINER'S INITIALS _____

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