

L02000015988

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 13 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000015988

1. Limited Liability Company's Name

Fountainhead Holdings, LLC

2. Principal Office Address

18001 Collins Avenue

Suite, Apt. #, etc.

City & State

Sunny Isles, FL

Zip

33160

Country

USA

3. Mailing Office Address

18001 Collins Avenue

Suite, Apt. #, etc.

City & State

Sunny Isles, FL

Zip

33160

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

06/25/2002

6. FEI Number

n/a

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

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 10/29/03

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	Sunny Isles, FL 33160
MGR	Gil Dezer	18001 Collins Avenue	Sunny Isles, FL 33160
MGR	Eytan Kaufman	18001 Collins Avenue	Sunny Isles, FL 33160

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 10/29/03

Daytime Phone# 305-936-9191

Typed or printed name of signing Managing Member/Manager

Gil Dezer

CR2E041 (10/02)