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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV -3 PM 5:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L02000018868

1. Limited Liability Company's Name
PHILLY IN MIAMI, LLC
3015 NW 79 STREET
MIAMI, FL 33147

2. Principal Office Address 1059 COLLINS AVE Suite, Apt. #, etc. 204 City & State MIAMI BEACH, FL Zip 33139 Country USA		3. Mailing Office Address 1059 COLLINS AVE Suite, Apt. #, etc. 204 City & State MIAMI BEACH, FL Zip 33139 Country USA	
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4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 7/25/02

6. FE Number 200363272 ☐ Applied For ☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name
DAMOND NEELY

Street Address (P.O. Box Number is Not Acceptable)
1059 COLLINS AVE

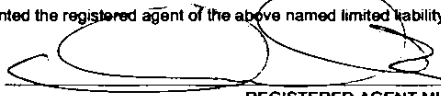
Suite, Apt. #, Etc.
204

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  Date 10/28/06

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	DAMOND NEELY	1059 COLLINS AVE 204	MIAMI BEACH, FL 33139

2003
2004
2005
2006

REINSTATEMENT

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 10/28/06 Daytime Phone # 786-303-3942

Typed or printed name of signing Managing Member/Manager **DAMOND NEELY**