

LIMITED LIABILITY COMPANY  
REINSTATEMENT

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR 30 PM 12:43

L02000019009  
2003-2004

DOCUMENT # L02000019009

1. Limited Liability Company's Name:

Z Properties, LLC

REINSTATEMENT

2. Principal Office Address

99 SE Mizner Blvd. #443

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33432

County

Palm Beach

3. Mailing Office Address

99 SE Mizner Blvd. #443

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33432

County

Palm Beach

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 7/26/2002

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

Corporate Creations Network Inc.

Street Address (P.O. Box Number is NOT Acceptable)

941 Fourth Street

Suite, Apt. #, etc.

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

KARLA SARRIA  
VP, of CCNI

Date April 29th, 2004

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

Manager

Tyler Quinn

146 Via de Este, #1009

Delray Beach FL 33445

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 7/26/2002

Daytime Phone # 561-414-5614

Type or print name of signing Managing Member/Manager

Tyler Quinn,

by K. Sarria as attorney-in-fact

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR 30 PM 12:43

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Z Properties, LLC

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$100 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2003

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: [Signature]  
by K. Sarria as attorney-in-fact

Name: Tyler Quinn

Title: Manager

Date: 4/29/04