LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 MAY 11 A 11: 46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000020067

1. Limited Liability Company's Name

LMM Holdings

2. Principal Office Address

1455 N. Park Drive

Suite, Apt. #, etc.

City & State

Weston, Florida

Zip 33326   Country USA

3. Mailing Office Address

1455 N. Park Drive

Suite, Apt. #, etc.

City & State

Weston, Florida

Zip 33326   Country USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 04-3716413

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 Robert Smoley

Street Address (P.O. Box Number is Not Acceptable)
1455 N. Park Drive

Suite, Apt. #, Etc.

City Weston   State FL   Zip Code 33326

05/11/04--01093- 003 **20 .00
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05/11/04--01093--003 **20 .00

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 _X Smoley_   Date 4/21/04

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
P	Robert Smoley	1455 N. Park Drive	Weston, FL 33326
			REINSTATEMENT 03-04 dee

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 _X Smoley_   Date 4/21/04   Daytime Phone # 954 762 6000

Typed or printed name of signing Managing Member/Manager Robert Smoley