FILE NO.039 06/28 '06 10:24 [illegible] FAX 850 488 1575 PAGE 3/ 3

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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
2006 JUN 28 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT # L02000020326

1. Limited Liability Company's Name
UNITED SYNDICATORS, L.L.C.

04

2. Principal Office Address	3. Mailing Office Address
P.O. BOX 128	P.O. BOX 128
Suite, Apt. #, etc.	Suite, Apt. #, etc.
BOYNTON BEACH, FL	BOYNTON BEACH, FL
Zip: 33425 County: USA	Zip: 33425 County: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 8/09/2002

6. FEI Number: 32-0026019 ☐ 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: DAN KRON

Street Address (P.O. Box Number is Not Acceptable): 6691 - H MONTEGO BAY BLVD.

Suite, Apt. #, Etc.:

City: BOCA RATON, State: FL Zip Code: 33433

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: [signature] Date: 6/26/06

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
MGRM	FERNE KRON TRUST	6691 H MONTEGO BAY BLVD	BOCA RATON, FL 33433

REINSTATEMENT 2004-2006

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 608.408, 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: [signature] Date: 6/26/06 Daytime Phone # 313.2900

Typed or printed name of signing Managing Member/Manager: DAN KRON, MANAGER

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Florida Department of State

Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

UNITED SYNDICATORS, L.L.C.

Certificate of Status	1
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Resubmitting. This is Urgent! Clients closing is today at 11:30 Am. Anything you can do will be very Appreciated - Thanks!

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