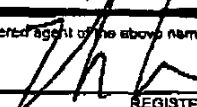
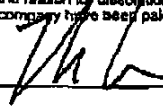


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L020000020326			
1. Limited Liability Company's Name UNITED SYNDICATORS, L.L.C.			
2. Principal Office Address P.O. BOX 128 Suite, Apt. #, etc.		3. Mailing Office Address P.O. BOX 128 Suite, Apt. #, etc.	
City & State BOYNTON BEACH, FL		City & State BOYNTON BEACH, FL	
Zip 33425	Country USA	Zip 33425	Country 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 		Date 6/24/06	
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
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 6/24/06	Daytime Phone # 313.2900
Typed or printed name of signing Managing Member/Manager DAN KRON, MANAGER			

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Division of Corporations

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Florida Department of State
Division of Corporations
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(((H06000167874 3)))

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Division of Corporations
Fax Number : (850) 205-0383

BK

From:

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Account Number : I20000000195
Phone : (850) 521-1000
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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT**UNITED SYNDICATORS, L.L.C.**

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