

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 MAR -4 PM 2: 08

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # LD2000021078

1. Limited Liability Company's Name

University Dawie, LLC

700028437987
02/09/04--01062--005 **150.00

2. Principal Office Address

7860 Peters Rd

Suite, Apt. #, etc.

F-111

City & State

Plantation FL

Zip Country

33324

USA

3. Mailing Office Address

7860 Peters Rd

Suite, Apt. #, etc.

F-111

City & State

Plantation FL

Zip Country

33324

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

Aug 16, 2002

6. FEI Number

13-4281600

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

S. Martin Sadkin

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

7860 Peters Rd

Suite, Apt. #, Etc.

F-111

City

Plantation

State

FL

Zip Code

33324

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]

REGISTERED AGENT MUST SIGN

Date Feb 2, 2004

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
<u>Manager</u>	<u>S. Martin Sadkin</u>	<u>7860 Peters Rd - F-111</u>	<u>Plantation FL 33324</u>

REINSTATEMENT

2003-04

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

[Signature]

Date Feb 2, 2004

Daytime Phone # 954-370-7788

Typed or printed name of signing Managing Member/Manager

S. Martin Sadkin