PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2003 NOV 20 AM 9:38
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000021440

1. Limited Liability Company's Name
ASKAR, LLC

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 3905 Alton Road | 3905 Alton Road |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Miami Beach, Florida | City & State: Miami Beach, Florida |
| Zip: 33140 Country: United States | Zip: 33140 Country: United States |

4. State/Country of Formation: Florida, United States

5. Date Organized or Qualified To Do Business in Florida: 08/20/2002

6. FEI Number: 03-0481334 ☐ 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: Karin Gongee

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Street Address (P.O. Box Number is Not Acceptable): 4480 Bay Pointe Road

Suite, Apt. #, Etc.

City: Miami State: FL Zip Code: 33137

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 10/28/03

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 |
|---|---|---|---|
| MGR | Jacobson, Alan | 3905 Alton Road | Miami, Florida 33140 |
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REINSTATEMENT 2003

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 10/28/03 Daytime Phone # 305-535-4167

Typed or printed name of signing Managing Member/Manager: Alan Jacobson