

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000022973			
1. Entity Name IDARA, LLC			
Principal Place of Business 345 WEST 74TH PLACE MIAMI, FL 33014		Mailing Address 345 WEST 74TH PLACE MIAMI, FL 33014	
2. Principal Place of Business - No P.O. Box # 1100 East 13th St Suite, Apt. #, etc.		2. Mailing Address Same Suite, Apt. #, etc.	
City & State Hialeah FL		City & State	
Zip 33010		Country USA	
3. Name and Address of Current Registered Agent CANTOR, JERALD C ESQUIRE 4000 HOLLYWOOD BLVD., STE 265 S HOLLYWOOD, FL 33021		4. PEI Number 51-0429792	
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL Zip Code 32301		7. Name and Address of New Registered Agent	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		9. Signature Doreen Wallace Doreen Wallace Assistant Vice President 9/15/08	
FILE NOW!! FEE IS \$377.50		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ZAMBITO, STEVEN 345 W 74TH PL MIAMI, FL 33014	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GREENSTEIN, STUART 345 W 74TH PL MIAMI, FL 33014	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MENDOZA, BRUNO 345 W 74TH PL MIAMI, FL 33014	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
REINSTATEMENT		07-08	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee authorized to execute this report as required by Chapter 605, Florida Statutes.			
SIGNATURE Stuart Greenstein, MGR, 9/19/08 305-362-3031		Date 9/19/08	

Florida Department of State
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LIMITED LIABILITY REINSTATEMENT

IDARA, LLC

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