PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000023920

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
04 MAY -3 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000023920
Name and Mailing Address

0017409 01 FP 0.352 **PRSRT T4 0 0615 33139

CRYPTOBITS, LLC
201 EAST DI LIDO DRIVE
MIAMI BEACH FL 33139

REINSTATEMENT 2003-2004

CR2E034 (7/03)

2. New Mailing Address	4. State/Country of Formation: FL
City, State, Zip	5. Date Organized or Qualified To Do Business in Florida: 09/16/2002
Principal Place of Business: 201 EAST DI LIDO DRIVE MIAMI BEACH FL 33139	3. New Principal Place of Business Address
City, State, Zip	6. FEI Number: 20-0369578 ☐ 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	9. Name and Address of New Registered Agent
LEOPOLD, KORN & LEOPOLD, P.A. 20801 BISCAYNE BLVD. 501 AVENTURA FL 33180	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

10. 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 X SIGNATURE REQUIRED Date X 4/27/04

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	EDELSTEIN, CRAIG	201 EAST DI LIDO DRIVE	MIAMI BEACH FL 33139

500035168825
05/03/04--01021--023 **200.00

12. 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 X Craig Edelstein SIGNATURE REQUIRED Date X 4/27/2004 Daytime Phone # 1+(305) 522-3695

Typed or printed name of signing Managing Member/Manager Craig Edelstein