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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 PM 4:05

1. DOCUMENT # L02000026149

Name and Mailing Address

XX

OPTIN EMAIL 101, LLC
7375 S.E. CRAIG STREET
HOBE SOUND FL 33455-6115

500024546975
11/10/03--01011--004 **300.00



US

2. New Mailing Address 8949 SE BRIDGE ROAD, STE 315 City, State, Zip HOBE SOUND, FL 33455		4. State/Country of Formation FL	
Principal Place of Business 7375 S.E. CRAIG STREET HOBE SOUND FL 33455 US		5. Date Organized or Qualified To Do Business in Florida 10/04/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 82-0569615 ☒ Applied For ☐ Not Applicable	
8. Name and Address of Current Registered Agent BROOKS, DONALD L 1201 U.S. ONE STE. 415 NORTH PALM BEACH FL 33408		7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name: MARK GROSSMAN W/ BECKER & POLIAKOFF Street: 5201 BLUE LAGOON DRIVE Suite: SUITE 100 City: MIAMI FL 33125		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: SIGNATURE NAON RE (CORP) ATTACHED Date: _____ 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
	Mr. Andrassy, Jay W	7375 SE Craig St	Hobe Sound, FL 33455
REINSTATEMENT 03 Dec			
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: [Signature] Date: 11-03-03 Daytime Phone: 772/545-3918			

FROM : OCT. 29. 2003 10:23AM BECKER & POLIAKOFF
FAX NO. : 7725467802

NO. 274 F. 2/3
Oct. 26 2003 12:45PM P2

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HOBE SOUND FL 33455-6115



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3949 SE BRIDGE ROAD, STE 315
HOBE SOUND, FL 33455

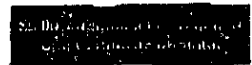
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US

FL

10/04/2002



82-0569615



BROOKS, DONALD L.
1201 U.S. ONE
STE. 415
NORTH PALM BEACH FL 33408

MARK GROSSMAN W/ BECKER & POLIAKOFF
5201 BLUE LAGOON DRIVE
SUITE 100
MIAMI 33125

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Signature of
Managing Member/Manager