PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 12 AM 9:15

1. DOCUMENT # L02000032348

Name and Mailing Address

000621701 AT 0292 --AUTO T4 0 0615 33140-334702

818 ASSET MANAGEMENT, LLC
960 W. 41 STREET, SUITE 402
MIAMI BEACH FL 33140-3347

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Registered to Qualify To Do Business in Florida
12/03/2002

Principal Place of Business
960 W. 41 STREET, SUITE 402
MIAMI BEACH FL 33140

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
68-0551058

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ ($30.00 Additional Fee Required for a Certificate of Status)

8. Name and Address of Current Registered Agent

STOLAR, LEONARD U
300 71 STREET, SUITE 540
MIAMI BEACH FL 33141

9. Name and Address of New Registered Agent

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 Leonard U. Stolar Date 09 DEC 03

REGISTERED AGENT MUST SIGN

11. Name 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
MANAGING MEMBER	ESTHER COUNNE	960 W. 41 STREET, Suite 402	MIAMI BEACH FL 33140

11/17/03--01089--015--#155.00

REINSTATEMENT 03 CWS

JM

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 608.508, 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 Esther Counne Esther Counne Date 13 NOV 03 Daytime Phone # 305-992-7355