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APPROVED AND FILED
04 APR 23 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000000199

1. Limited Liability Company's Name: C. LAMBDIN, LLC

REINSTATEMENT 2003-2004

2. Principal Office Address	3. Mailing Office Address
444 Brickell Ave	444 Brickell Ave
Suite, Apt. #, etc.: Suite 51-218	Suite, Apt. #, etc.: Suite 51-218
City & State: Miami, FL	City & State: Miami, FL.
Zip: 33131 Country: U.S.A	Zip: 33131 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/30/02

6. FEI Number: 04-3729847 ☐ 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: JAY Feldman

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04/30/04--01029--003 **205.00

Street Address (P.O. Box Number is Not Acceptable): 444 Brickell Ave

Suite, Apt. #, Etc.: Suite 51-218

City: Miami State: FL Zip Code: 33131

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: Jay Feldman Date: 4/22/04
REGISTERED AGENT MUST SIGN

CR2E041 (10/03)

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
mgrm	Jay Feldman	444 Brickell Ave	Miami, Fl 33131
mgr	Mark Feldman	444 Brickell Ave	Miami, Fl 33131

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: Jay Feldman Date: 4/22/04 Daytime Phone # 786 299 1968

Typed or printed name of signing Managing Member/Manager: JAY Feldman