

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

250.00
10-1-04

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN -8 AM 10:49

DOCUMENT # L03000016519

1. Limited Liability Company's Name

CSS Holdings LLC

2. Principal Office Address

12955 Biscayne Blvd

Suite, Apt. #, etc.

Suite 402

City & State

North Miami FL

Zip

33181

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

700076253497
06/16/06--01015-026
CR2E041 (8/05) **250.00

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

05/07/2003

6. FEI Number

731665841

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

Jonathan D. Leinwand, PA

Street Address (P.O. Box Number is Not Acceptable)

12955 Biscayne Blvd.

Suite, Apt. #, Etc.

Suite 402

City

North Miami

State

FL

Zip Code

33181

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

Jonathan D. Leinwand

REGISTERED AGENT MUST SIGN

Date

4-24-06

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
Mgr	Quark Consulting	12955 Biscayne Blvd. #402	North Miami FL 33181

REINSTATEMENT 04 06

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

Jonathan D. Leinwand

Date

4-24-06

Daytime Phone #

786-797-9178

Typed or printed name of signing Managing Member/Manager

Jonathan Leinwand