2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG -8 AM 9:57

DOCUMENT # L03000017419

1. Entity Name
MSD HOLDINGS LLC

Principal Place of Business	Mailing Address
185 NORTHWEST SPANISH RIVER BOULEVARD SUITE 290 BOCA RATON, FL 33431	185 NORTHWEST SPANISH RIVER BOULEVARD SUITE 290 BOCA RATON, FL 33431

08052005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business		3. Mailing Address	
323 NAVARRE AVENUE		323 NAVARRE AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: CORAL GABLES FLORIDA		City & State: CORAL GABLES FLORIDA	
Zip: 33134	Country: USA	Zip: 33134	Country: USA

4. FEI Number 61-1449287 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SHANE, TIM A
185 NORTHWEST SPANISH RIVER BOULEVARD
SUITE 290
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name: MIGUEL SILVA DIAS
Street Address (P.O. Box Number is Not Acceptable): 323 NAVARRE AVENUE
City: CORAL GABLES FL Zip Code: 33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Miguel S. Dias DATE: 08/01/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MANAGING MEMBER NAME: MIGUEL SILVA DIAS STREET ADDRESS: 323 NAVARRE AVENUE CITY-ST-ZIP: CORAL GABLES FLORIDA 33134	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 700058543217 08/15/05--01005--002 **100.00	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Miguel S. Dias 08/01/05 954-483-0096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #