PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JUL 14 AM 11:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA
200158271222
07/08/09--01037--007 **555.00

CR2E041 (10/06)

DOCUMENT # L03000022872

1. Limited Liability Company's Name

Marz Investment Group LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6245 NW 42 Way	6245 NW 42 Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33496 Country: USA	Zip: 33496 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 08/23/2003

6. FEI Number: 58-2674814 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Joel Reizburg

Street Address (P.O. Box Number is Not Acceptable): 6245 NW 42 Way

Suite, Apt. #, Etc.

City: Boca Raton State: FL Zip Code: 33496

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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 _____ Date 07/06/2009

REGISTERED AGENT MUST SIGN

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	Annette Reizburg	6245 NW 42 Way	Boca Raton, FL 33496
MGRM	Joel Reizburg	6245 NW 42 Way	Boca Raton, FL 33496
MGRM	Edward Bernstein	22575 Esplanada Circle W	Boca Raton, FL 33433
MGRM	Alys Bernstein	1191 E Newport Center Dr, Ph C	Deerfield Beach, FL 33442

L. SELLERS
JUL 15 2009

REINSTATEMENT 06-09

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, the dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, 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.

EXAMINER

Signature of Managing Member/Manager _____ Date 07/06/2009 Daytime Phone # 561-213-2631

Typed or printed name of signing Managing Member/Manager Joel Reizburg