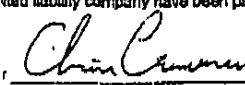


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

08 SEP 11 PM 2:15
FILED
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L03000023575			
1. Limited Liability Company's Name Pop Goes America, LLC.			
2. Principal Office Address -- No P.O. Box # 6895 N.W. 7th Ave		3. Mailing Office Address 6895 N.W. 7th Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami		City & State Miami	
Zip 33127	Country USA	Zip 33127	Country USA
4. State/Country of Formation United States		5. Date Organized or Qualified To Do Business in Florida June 12, 2003	
6. FEI Number		☐ 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 David Blackstone Street Address (P.O. Box Number is Not Acceptable) 6895 N.W. 7th Ave Suite, Apt. #, Etc. City Miami State FL Zip Code 33127			
☒ 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 Sept 10, 2008 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
MGR	Chris Cummin	800 N.E. 17th Way	Fort Lauderdale, Florida, 33304
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  Date SEPT 10/08 Daytime Phone # 1-800-722-7467 Typed or printed name of signing Managing Member/Manager			