PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 SEP 11 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # L03000023575

1. Limited Liability Company's Name

Pop Goes America, LLC.

04

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
6895 N.W. 7th Ave		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 Cunnin	800 N.E. 17th Way	Fort Lauderdale, Florida, 33304

800136245766
09/23/08--01008--016 **693.75

REINSTATEMENT 2004 - 2008

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: Chris Cunnin Date: SEPT 10 08 Daytime Phone #: 1-800-722-7467

Typed or printed name of signing Managing Member/Manager: _____