PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 DEC -1 PM 4:14
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L03000030757

400042228124

1. Limited Liability Company's Name

Razzmataz, LLC

2. Principal Office Address	3. Mailing Office Address
5438 Tildens Grove Blvd.	5438 Tildens Grove Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Windermere FL	City & State: Windermere FL
Zip: 34786 Country: USA	Zip: 34786 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 9/18/03

6. FEI Number: 20-0168059 ☐ 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: Alan Schneider

Street Address (P.O. Box Number is Not Acceptable): 5438 Tildens Grove Blvd

Suite, Apt. #, Etc.:

City: Windermere State: FL Zip Code: 34786

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: [signature] REGISTERED AGENT MUST SIGN Date: 12/1/04

CR2E041 (10/02)

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	Alan Schneider	5438 Tildens Grove Blvd.	Windermere FL 34786
MGRM	Ruth Schneider	5439 Tildens Grove Blvd.	Windermere FL 34786
MGRM	Edward Moy	5438 Tildens Grove Blvd.	Windermere FL 34786

REINSTATEMENT 2004

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 608.405, 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: [signature] Date: 12/1/04 Daytime Phone #: 917 747 4100

Typed or printed name of signing Managing Member/Manager: Alan Schneider

CORPORATION SERVICE COMPANY

FILED
2004 DEC -1 PM 4:14
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 038797 4718279

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 155.00

ORDER DATE : December 1, 2004

ORDER TIME : 1:56 PM

ORDER NO. : 038797-005

CUSTOMER NO: 4718279

CUSTOMER: Reaz H. Jafri, Esq
Jafri & Jafri
581 Middle Neck Road #c

Great Neck, NY 11023

DOMESTIC FILINGS

NAME: RAZZMATAZ, LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____