

9-15-06  
2006

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 APR 13 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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04/18/07--01014--011 \*\*200.00

CR2E041 (8/05)

JSS

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L03000044291

1. Limited Liability Company's Name

Scamarc, LLC

2. Principal Office Address

412 S Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

412 S Dixie Hwy

Suite, Apt. #, etc.

City & State

Hallandale, FL

City & State

Hallandale, FL

Zip

33009

Country

USA

Zip

33009

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

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

MARC RUBEN

Street Address (P.O. Box Number is Not Acceptable)

412 S. Dixie Hwy

Suite, Apt. #, Etc.

City

HALLANDALE, FL

State

FL

Zip Code

33009

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

REGISTERED AGENT MUST SIGN

Date

4/02/07

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	MARC RUBEN	412 S. Dixie Hwy	Hallandale, FL 33009

REINSTATEMENT 06-07

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

3/2/07

Daytime Phone #

954-454-1128

Typed or printed name of signing Managing Member/Manager

MARC N. RUBEN