

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

06 MAR -2 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/02/06--01009--008 **200.00

CR2E041 (8/05)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000004205

1. Limited Liability Company's Name

Vandalay Holdings, LLC

2. Principal Office Address

435 SW 17 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33135

Country

USA

3. Mailing Office Address

2601 S. Bayshore Drive

Suite, Apt. #, etc.

#600

City & State

Coconut Grove, FL

Zip

33133

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

01/15/2004

6. FEL Number

20-0600923

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

Alexander Fox

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

435 SW 17th Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33135

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

Alexander Fox
REGISTERED AGENT MUST SIGN

Date

2-28-06

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	Alexander F. Fox	3 Grove Isle Dr., #30	Miami, FL 33133
MgrM	Barbara Fox	3 Grove Isle Dr., #30	Miami, FL 33133

REINSTATEMENT 05-06

[Signature]
03/3/06

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

Alexander Fox

Date

2-28-06

Daytime Phone #

305-448-1033

Typed or printed name of signing Managing Member/Manager

ALEXANDER F. FOX