


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

06 NOV -8 PM 2:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # LG4000004897

1. Limited Liability Company's Name

MACLEE MICROSYSTEMS, LLC

CR2E041 (8/05)

2. Principal Office Address
429 LENOX AVE
Suite, Apt. #, etc.

3. Mailing Office Address
429 LENOX AVE
Suite, Apt. #, etc.

City & State
MIAMI BEACH, FL
Zip Country
33139 USA

City & State
MIAMI BEACH, FL
Zip Country
33139 USA

4. State/Country of Formation

USA

5. Date Organized or Qualified To Do Business in Florida

JANUARY 20, 2004

6. FEI Number

20-5733917

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
RICHARD BARONE

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

429 LENOX AVE

Suite, Apt. #, Etc.

City
MIAMI BEACH

State

FL

Zip Code

33139

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]

Date 10/27/06

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
<u>MGPR</u>	<u>LEON COHEN-LEVY</u>	<u>429 LENOX AVE</u>	<u>MIAMI BEACH, FL 33139</u>

REINSTATEMENT 0500

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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 10/27/06

Daytime Phone # 805-537,3700

Typed or printed name of signing Managing Member/Manager LEON COHEN-LEVY