PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUL 25 PM 4:10

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1. Limited Liability Company's Name
LAVIN DESIGN GROUP, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1520 OCEAN DRIVE	1500 OCEAN DRIVE
Suite, Apt. #, etc. 409	Suite, Apt. #, etc. 409
City & State MIAMI BEACH	City & State MIAMI BEACH
Zip 33139 Country DADE	Zip 33139 Country DADE

4. State/Country of Formation FL / DADE

5. Date Organized or Qualified To Do Business in Florida 2004

6. FEI Number ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ ($5.00 Additional Fee Required for Certificate of Status)

8. Name and Address of Current Registered Agent

Name: FRANK LAVIN
Street Address (P.O. Box Number is Not Acceptable): 1500 OCEAN DR.
Suite, Apt. # Etc.: 409
City: MIAMI BEACH State: FL Zip Code: 33139

☒ 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: Frank A. Lavin Date: 7-20-07
REGISTERED AGENT MUST SIGN

10. Name and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	FRANK A LAVIN, JR	1500 Ocean DR. #409	MIAMI Beach FL 33139
MGRM	MELSA G LAVIN	110 WASHINGTON AVE #1603	Miami Bch. FL 33139

FF $150
RF N/A

REINSTATEMENT
2005-2007

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 608.508, 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: Frank A. Lavin Date: 7/20/07 Daytime Phone #: 305-962-588[illegible]

Typed or printed name of signing Managing Member/Manager: FRANK A. LAVIN, JR.

BLT