L04000020649

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
11 FEB 11 PM 2:55
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000020649

1. Limited Liability Company's Name

REGALIA, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
888 BISCAYNE BLVD.	888 BISCAYNE BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 100	SUITE 100
City & State	City & State
MIAMI FLORIDA	MIAMI FLORIDA
Zip / Country	Zip / Country
33132 / USA	33132 / USA

4. State/Country of Formation: FLORIDA / USA

5. Date Organized or Qualified To Do Business In Florida: 3/17/2004

6. FEI Number: 20-0895222 ☐ 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: ANEA JAIN

Street Address (P.O. Box Number is Not Acceptable): 888 BISCAYNE BLVD.

Suite, Apt. #, Etc.: SUITE 100

City: MIAMI | State: FL | Zip Code: 33132

E-mail Address:

500193968165
02/14/11--01001--023 **516.25

(To be used for future annual report notices)

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 _____ Date _____
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
MGRM	REGALIA HOLDINGS, LLC	888 BISCAYNE BLVD.	SUITE 100, MIAMI FL 33132

REINSTATEMENT 2010-2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager _____ Date _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager: ANEA JAIN, MANAGER OF REGALIA BALLOT, LLC,
MANAGING MEMBER OF REGALIA HOLDINGS, LLC