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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800183903958
08/02/10--01054--007 **516.25

CR2E041 (05/10)

DOCUMENT # L04000024220

1. Limited Liability Company's Name
Masami LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
233 75th Street	
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Sunfside FL	City & State
Zip: 33154 Country: USA	Zip Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 3/31/04

6. FEI Number: 26-1446198 ☐ 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: The Law Offices of Geoffrey D. Tittemore, PA
Street Address (P.O. Box Number is Not Acceptable): 7412 N Andrews Ave
Suite, Apt. # Etc.
City: Ft Lauderdale, FL State: FL Zip Code: 33309

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: 7/26/10
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Max Ghanbi	233 75th Street	Sunfside FL 33154
	REINSTATEMENT 08-10		

11. E-mail Address: geoffrey@tittemorelaw.com
(To be used for future annual report notifications)

12. 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: 7/26/10 Daytime Phone #: _____

Typed or printed name of signing Managing Member/Manager: _____

N. Gilligan AUG - 4 2010