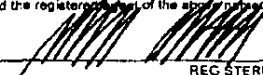


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000024220			
1. Limited Liability Company's Name Masami LLC			
2. Principal Office Address - No P.O. Box # 233 95th Street		3. Mailing Office Address 	
Suite, Apt #, etc. 		Suite, Apt #, etc. 	
City & State Sunrise, 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 26146198		☐ 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. Tithener, PA Street Address (P.O. Box Number is Not Acceptable) 4412 N. Andrews Ave Suite, Apt #, Etc. 			
City Ft Lauderdale, FL		State FL	Zip Code 33301
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 MEM	Name of Managing Member/Manager Max Garbi	Street Address of Each Managing Member/Manager 233 95th Street	City / State / Zip Sunrise FL 33154
REINSTATEMENT 08-10			
11. E-mail Address geoffrey@tithenerlaw.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 # 1 Typed or printed name of signing Managing Member/Manager:			

N. O.  AUG -4 2010