PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			FILED  09 SEP 22 PH 4: 04  SECRETARY OF STATE TALLAHASSES SLOBIDA			
DOCUMENT # L04000024322			TALLAHASSEE FLORIDA			
1. Limited Liability Company's Name						
SIGMAN MARKETING STRATEGIES, LLC			CR2E041 (10/08)			
2. Principal Office Address - No P.O. Box #	3. Malling Office Address	-				
c/o Drake Batchelder	c/o Drake Batchelder			4. State/Country of Formation Florida		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Date Organized or Qualified     To Do Business in Florida 03/30/2004		
350 E. Las Olas Blvd., Suite 1600		s Olas Blvd., Suite 1600				
City & State Fort Lauderdale, FL	Fort Lauderdale, FL	•		<b>6.</b> FEI Number 20-3236224		
Zip Country 33301 US	Zip Country US		7. CERTIFICATE	OF STATUS DESIRED	\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address o	Current Registered Agent					
Name Drake M. Batchelder, Esq.			☐ 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			
Street Address (P.O. Box Number is Not Acceptable) 350 E. Las Olas Blvd.						
Suite, Apt. #, Etc. Suite 1600		reinstate		ceived and requesting the \$100 ement be waived.		
Fort Lauderdale State Zip Co						
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 914/39  REGISTERED AGENT MUST SIGN						
10. Names and Street Addresses of Managing Members/Managers						
Titles Name of Managing Members/ Managi		Street Address of Each Managing Member/Manager		City / State / Zip		
MGRM Leif J. Sigman	c/o 350 E. Las	c/o 350 E. Las Olas Blvd., S		Fort Lauderdale, FL 33301		
I SELLERS	SELLERS		00/20/0901047019 **516.25			
SEP 28 2009		REI	NSTA	TEME	NT07-09	
EXAMINER						
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 filling 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 8-2/2009  Daytime Phone #						

Typed or printed name of signing Managing Member/Manager Leif J. Sigman