PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JAN 31 AM 9:48

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

500087499845
02/06/07--01046--005 **250.00

CR2E041 (1/07)

DOCUMENT # L04000028858

1. Limited Liability Company's Name

M.o.I., LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
12225 200th Street South	12225 200th Street South
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 32498 Country	Zip: 32498 Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 4/14/04

6. FEI Number: 55-0866085 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Eric Granitur

Street Address (P.O. Box Number is Not Acceptable): 535 Greytwig Road

Suite, Apt. #, Etc.: Suite 5

City: Vero Beach State: FL Zip Code: 32963

☐ 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: Eric Granitur Date: 1/25/07

REGISTERED AGENT MUST SIGN

10. Name and Street Address of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGMR	James Marinakis	12225 200th Street South	Boca Raton, FL 32498

REINSTATEMENT 05-07

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 reflecting the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, 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: James Marinakis Date: 1/25/07 Daytime Phone #: 561-212-5717

Typed or printed name of signing Managing Member/Manager: James Marinakis