



2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC 23 AM 8:56

DOCUMENT # L04000032401 1. Entity Name PEEK PLATFORMS, LLC					
Principal Place of Business 1100 WEST AVE. SUITE 1618 MIAMI BEACH, FL 33139 US			Mailing Address 1100 WEST AVE. SUITE 1618 MIAMI BEACH, FL 33139 US		
2. Principal Place of Business 1100 West Ave. Suite, Apt. #, etc. 1217		3. Mailing Address 1100 West Ave. Suite, Apt. #, etc. 1217			
City & State Miami Beach, FL		City & State Miami Beach, FL		4. FEI Number 42-1653164	
Zip 33139 Country USA		Zip 33139 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NAIOMI, PASSOWEE 1100 WEST AVE. SUITE 1618 MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent Name MARC MARSHALL Street Address (P.O. Box Number is Not Acceptable) 1100 West Ave. Suite 1217 City Miami Beach FL Zip Code 33139		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent. SIGNATURE <u>MARC MARSHALL</u> DATE 12/21/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEEK PLATFORMS, LLC 1100 WEST AVE. SUITE 1618 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Peek Platforms, LLC 1100 West Ave. Suite 1217 Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300062381063 12/27/05--01002--002 **\$50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>MARC MARSHALL</u>			DATE: 12/21/05 DAYTIME PHONE: 305 494 1464		