L04000036104

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Division of Corporations
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Account Name : BARTLETT & DEAL, P.A.
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TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

CATCH, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

DOCUMENT # L04000036104

1. Limited Liability Company's Name

Catch, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
133 Bristol Place	133 Bristol Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pont Vedra Beach, FL	City & State: Ponte Vedra Beach, FL
Zip: 32082 Country: USA	Zip: 32082 Country: USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 05/12/2004

6. FEI Number: ☐ 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: Stephanie L. Burch

Street Address (P.O. Box Number is Not Acceptable): 135 Professional Drive

Suite, Apt. #, Etc.: Suite 101

City: Ponte Vedra Beach State: FL Zip Code: 32082

☑ 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: Stephanie Burch Date: 6-25-07

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Adam Klayman	133 Bristol Place	Ponte Vedra Beach, FL 32082

REINSTATEMENT 2005-07

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 application 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: Date: 6-25-07 Daytime Phone #: 904-728-4850

Typed or printed name of signing Managing Member/Manager: Adam Klayman