FILED
07 MAR -9 AM 11:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # L04000046711

1. Limited Liability Company's Name

FOUR-PLAY, L.L.C.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3145 N W 38 STREET	3145 N W 38 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33142 Country: U S A	Zip: 33142 Country: U S A

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 6/22/04

6. FEI Number: 20-8514884 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

Name: SIDNEY BOCHNER

Street Address (P.O. Box Numbers Not Acceptable): 3145 N W 38 STREET

Suite, Apt. #, Etc.

City: MIAMI State: FL Zip Code: 33142

☐ 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 limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: _____ Date: 3/7/07

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	SIDNEY BOCHNER	3145 N W 38 STREET	MIAMI, FL 33142
MGRM	MARK BOCHNER	3145 N W 38 STREET	MIAMI, FL 33142

000023E79
03/09/07 **250.00

REINSTATEMENT 03-07

11. I certify that I am managing member/manager or other person empowered to execute this application as provided for in chapter 605, F.S. I further certify that when filing this reinstatement application the records of the filing office that the limited liability company name satisfies the requirements of section 605.0108, 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: 3/7/07 Daytime Phone #: 305-633-0678

Typed or printed name of signing Managing Member/Manager: SIDNEY BOCHNER