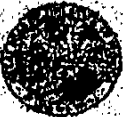


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
07 MAR -7 AM 11:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L04000046711

1. Limited Liability Company's Name

FOUR-PLAY, L.L.C.

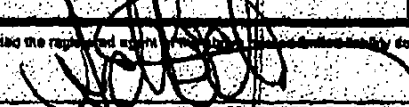
CR3E041 (1/07)

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

4. State of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 6/22/04	
6. Registration Number 20-8614884	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ 25.00 An additional fee is required for each additional certificate.	

8. Name and Address of Current Registered Agent	
Name SIDNEY BOCHNER	
Street Address (P.O. Box Number is 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, hereby certify that I am a resident of this state, am familiar with and accept the obligations of Chapter 609, F.S.	
Signature of Registered Agent 	Date 3/7/07
REGISTERED AGENT MUST SIGN	

10. Name and Street Address of Managing Member/Manager			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MORM	SIDNEY BOCHNER	3145 N W 38 STREET	MIAMI, FL 33142
MGRM	MARK BOCHNER	3145 N W 38 STREET	MIAMI, FL 33142
800092358578 03/12/07 01:35:19 **250.00			
REINSTATEMENT			

11. I certify that I am managing member/manager or officer or trustee empowered to execute this application as provided for in chapter 609, F.S. I further certify that when filing this reinstatement application the required fee has been allocated, the limited liability company name satisfies the requirements of section 605.400, F.S., and that all fees owed by the limited liability company have been paid. I certify that the information indicated in 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	