# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000051507

1. Entity Name
FUNKSHION LOUNGE GROUP LLC

FILED
09 MAR -3 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02202009 REIN-LLC CR2E101 (1/07)

| Principal Place of Business | Mailing Address |
|---|---|
| 737 JEFFERSON AVENUE<br>SUITE 201<br>MIAMI BEACH, FL 33139 US | 631 JEFFERSON AVE<br>504<br>MIAMI BEACH, FL 33139 US |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 110 - 3rd | 110 - 3rd |
| Suite, Apt. #, etc. Rivo alto Terrace | Suite, Apt. #, etc. Rivo alto Terrace |
| City & State Miami Beach Fl | City & State Miami Beach Fl |
| Zip 33139 Country | Zip 33139 Country |

4. FEI Number APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| DEREK A. SCHWARTZ, P.A.<br>1900 N.W. CORPORATE BOULEVARD<br>SUITE 225 WEST<br>BOCA RATON, FL 33431 | Name Douglas D. Gratton, ESQ<br>Street Address (P.O. Box Number is Not Acceptable) 407 Lincoln Rd #2A<br>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 _____ DATE 2/24/09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $277.50**

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<br>STOJANOVIC, BORIS<br>631 JEFFERSON AVE, APT 504<br>MIAMI BEACH, FL 33139 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>STOJANOVIC, ALEKSANDAR<br>631 JEFFERSON AVE, APT 504<br>MIAMI BEACH, FL 33139 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>700144617207<br>02/27/09--01034--005 **277.50 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>STANTIC, SIMON<br>631 JEFFERSON AVE, APT 504<br>MIAMI BEACH, FL 33139 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>REINSTATEMENT 2008-09 |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 2/24/09 305-794-8860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #