PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	TED LIAB COMPAN NSTATEN	Υ			DEPART Secretar	y of S		13	AUG 19 AN # 29	r	
DOCUMENT # L040000 59969											
Limited Liability Company's Name Violet Holdings LLC											
									•		
W13-43884								CD2F044 (4)44)			
					Office Address				CR2E041 (1/11)		
					5 MInute Man Ct Suite, Apt. #, etc.			4. State/Country of Formation Florida			
Suite, Apr. w,								5. Date Organized or Qualified To Do Business in Florida 8/12/04			
City & State City & St East Brunswick NJ East					Brunswick NJ			6. FEI Numb		Applied For	
Zip Country			Zp Zp			intry		20-1488458 Not Applice			
0881	3816 USA			08816		US	Α	CERTIFICATI	CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee red for a Certificate of Sta		
Name and Address of Current Registered Agent Name											
Michael Slobodow c/o Primerica								E-mail Address:			
Street Address (P.O. Box Number is Not Acceptable) 1704 Corporate Drive							000250488020 08/06/1301024004 **1348.75				
Suite, Apt. #, Etc.								1			
City State Zip Code Boynton Beach FL 33426								DGSMB@aol.com			
							33426		(To be used for future annual report notices)		
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 Date Poste) 	
10. Nan	nes and Street	Addresses	of Managing Mer	nbers/Managen	8	-					
Titles	Name of Managing Members/ Managers				Street Address of Each Managing Member/ Manag				City / State	/ Zip	
MM	David Botwinick				5 Minute Man			n Ct	East Brunswick	k, NJ 08816	
M	ALAN BOTWINICK				5 MINUTE MAN			CT	EAST BRASIC	KN 03716	
			REIN	ISTA	TE	M	¬NT	AUG-1 9	2012	<i>\\</i>	
	R. HUNT										
								R. HU	IN 1		
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 setisfies the requirements of section 608,406, 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 cath. I am aware that false information submitted in a government to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.											
Signature of Managing Member/Manager Daytime Phone # 732-390-9217											
Typed or printed name of signing Managing Member/Manager David Botwinick											