

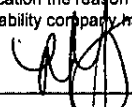


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L 04 0000 68942			
1. Limited Liability Company's Name M SQUARED, LLC 357 ALMEIRA AVENUE, SUITE 101 CORAL GABLES, FL 33134			
2. Principal Office Address - No P.O. Box # 357 ALMEIRA AVENUE Suite, Apt. #, etc. #101 City & State CORAL GABLES, FL Zip 33134 Country USA		3. Mailing Office Address 357 ALMEIRA AVENUE Suite, Apt. #, etc. #101 City & State CORAL GABLES, FL Zip 33134 Country USA	
4. State/Country of Formation FLORIDA, USA		5. Date Organized or Qualified To Do Business in Florida 09/21/04	
6. FEI Number 20-1681811		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name MELISSA RUBIN Street Address (P.O. Box Number is Not Acceptable) 357 ALMEIRA AVENUE Suite, Apt. #, Etc. #101 City CORAL GABLES State FL Zip Code 33134			
<input checked="" type="checkbox"/> 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  Date _____ 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	MELISSA RUBIN	357 ALMEIRA AVE, #101	CORAL GABLES, FL 33134
MGRM	MIGUEL FLORES	357 ALMEIRA AVE, #101	CORAL GABLES, FL 33134
REINSTATEMENT 2006-10		S. HAWKES MAY 12 2010 EXAMINER S. HAWKES JUN 18 2010 EXAMINER	
11. E-mail Address: MELISSARUBIN@PLATINUMCONDOS.COM (To be used for future annual report notifications)			
12. 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 608.406, 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 oath. Signature of Managing Member/Manager  Date 5/3/10 Daytime Phone # (305) 984-7706 Typed or printed name of signing Managing Member/Manager			



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2010

M SQUARED LLC
357 ALMEIRA AVE SUITE 101
CORAL GABLES, FL 33134

SUBJECT: M SQUARED LLC
Ref. Number: L04000068942

We have received your document for M SQUARED LLC and your check(s) totaling \$693.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 410A00012053