PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000069383

1. Limited Liability Company's Name

MADAD Bahamas LLC

800314589775
06/11/18--01032--009 **1691.25

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
366 Flagler Ave	366 Flagler Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Smyrna Beach FL	City & State: New Smyrna Beach FL.
Zip: 32169 Country: USA	Zip: 32169 Country: USA

4. State/Country of Formation: Florida USA

5. Date Organized or Qualified To Do Business In Florida: 09/22/2004

6. FEI Number: 20-1656046 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name: Marc Mirbod

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc: 366 Flagler Ave

City: New Smyrna Beach State: FL Zip Code: 32169

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: _____ REGISTERED AGENT MUST SIGN Date: 05/11/2018

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MBR	Marc Mirbod	4370 La Jolla Village Dr #650	San Diego CA. 92122

11. E-mail Address: MARCMIRBOD@YAHOO.COM (To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: _____ Date: 05/11/2018 Daytime Phone #: 310-709-3868

Typed or printed name of signing authorized representative/member: _____