PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT 11 AM 10:04

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000078419

1. Limited Liability Company's Name
EASTERN CORPORATE EVENTS, LLC

400080725734
10/11/06- 01078- 015 **205.00

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
401 SW LEJEUNE RD	SAME
Suite, Apt. #, etc.: 200	Suite, Apt. #, etc.
City & State: CORAL GABLES, FL	City & State
Zip: 33134 Country: USA	Zip Country

4. State/Country of Formation: FL/USA

5. Date Organized or Qualified To Do Business in Florida: 10/28/2004

6. FEI Number: ☐ 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: CARLOS A. VELASQUEZ, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 101 North Pine Island Road
Suite, Apt. #, Etc.: 201
City: Plantation State: FL Zip Code: 33324

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 10-10-06.
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	RONALD DEMEO	401 SW LEJUNE RD #200	CORAL GABLES, FL 33134
		REINSTATEMENT	05-06

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 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 10/10/2006 Daytime Phone # 305-448-6166

Typed or printed name of signing Managing Member/Manager Ronald DEMEO MD