PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 MAR 25 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E047 (12/07)

DOCUMENT # L04000079472

1. Limited Liability Company's Name
Scott's Enterprises, LLC

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2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3337 SW 44 CT	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale, FL	City & State
Zip: 33312 Country: USA	Zip Country

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 11/2/2004

6. FEI Number: 20-1823567 ☐ 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: Scott Sorensen

Street Address (P.O. Box Number is Not Acceptable): 3337 SW 44 CT

Suite, Apt. #, Etc.

City: Fort Lauderdale State: FL Zip Code: 33312

☒ 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: Scott Sorensen Date: 3/14/08

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
MGR	Scott Sorensen	3337 SW 44 CT	Fort Lauderdale, FL 33312

REINSTATEMENT 2005-2008

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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 608.409, 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: Scott Sorensen Date: 3/14/08 Daytime Phone #: 954 931 1398

Typed or printed name of signing Managing Member/Manager: Scott Sorensen