

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000007754

Entity Name: 3D MIAMI LLC

FILED  
Apr 30, 2007  
Secretary of State

**Current Principal Place of Business:**

730 WEST BROWARD BLVD  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

730 WEST BROWARD BLVD  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

FEI Number: 20-2357758      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SCHOLL, GEORGE  
730 WEST BROWARD BLVD  
FORT LAUDERDALE, FL 33312      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GEORGE SCHOLL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: SCHOLL, GEORGE  
Address: 730 WEST BROWARD BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: MGRM      ( ) Delete  
Name: RHODES, STEVEN  
Address: 45 NE 39TH STREET  
City-St-Zip: MIAMI, FL 33137

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GEORGE SCHOLL

MGRM

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date