PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2012 NOV -1 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (05/10)

DOCUMENT # L05000088821

1. Limited Liability Company's Name

ACCELERATED SALES INTERNATIONAL, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
236 EAST 6TH AVENUE		333 N. GLENOAKS BLVD.	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
		Ste# 201	
City & State		City & State	
TALLAHASSEE, FL		BURBANK, CA	
Zip	Country	Zip	Country
32303	USA	91502	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 01/27/2005

6. FEI Number: 20-2238585 ☐ 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: PARACORP INCORPORATED

Street Address (P.O. Box Number is Not Acceptable): 236 EAST 6TH AVENUE

Suite, Apt. #, Etc.:

City	State	Zip Code
TALLAHASSEE	FL	32303

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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: NINH HO, ASST. SECRETARY Date: 10/31/2012

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	STEVEN MANDEL	333 N. GLENOAKS BLVD, STE# 201	BURBANK, CA 91502
Pres	HARVEY VECHERY	333 N. GLENOAKS BLVD, STE# 201	BURBANK, CA 91502

REINSTATEMENT

11. E-mail Address: (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: Steven Mandel Date: 10/30/12 Daytime Phone #: 818-556-4000

Typed or printed name of signing Managing Member/Manager: STEVEN MANDEL