

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000029659

1. Limited Liability Company's Name

Ready4Press LLC

2. Principal Office Address - No P.O. Box #

24 Hendricks Isle

Suite, Apt. #, etc.

#1

City & State

Fort Lauderdale FL

Zip

33301

Country

USA

3. Mailing Office Address

24 Hendricks Isle

Suite, Apt. #, etc.

#1

City & State

Fort Lauderdale FL

Zip

33301

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 03/25/05

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

David Fleishman

Street Address (P.O. Box Number is Not Acceptable)

24 Hendricks Isle

Suite, Apt. #, Etc.

#1

City

Fort Lauderdale

State

FL

Zip Code

33301

☒ 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

REGISTERED AGENT MUST SIGN

Date 12/11/08

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	David Fleishman	24 Hendricks Isle #1	Fort Lauderdale FL 33301

REINSTATEMENT 07, 08

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 12/11/08

Daytime Phone# 954-527-1103

Typed or printed name of signing Managing Member/Manager David Fleishman