PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC 14 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000039340

1. Limited Liability Company's Name
3129 Mundy, LLC

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
685 Curtiswood Dr	685 Curtiswood Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key Biscayne, FL	City & State: Key Biscayne, FL
Zip: 33149 Country: US	Zip: 33149 Country:

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: April 21, 2005

6. FEI Number: [ ] Applied For [X] 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: Gregory Han

Street Address (P.O. Box Number is Not Acceptable): 685 Curtiswood Dr

Suite, Apt. #, Etc.:

City: Key Biscayne State: FL Zip Code: 33149

☒ 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: _____ Date: 12/8/09
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	Gregory Han	685 Curtiswood Dr	Key Biscayne FL 33149

100163546631
12/11/09 01049 012 **555.00

JB

REINSTATEMENT 2006-09

11. E-mail Address: LLC@greghan.com
(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: _____ Date: 12/8/09 Daytime Phone #: 305 361 2133

Typed or printed name of signing Managing Member/Manager: Gregory Han