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Florida Department of State

Division of Corporations

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Fax Number : (850)617-6383

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: lgeller@justplaytoys.com

LIMITED LIABILITY REINSTATEMENT
EGG CAPITAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$793.75~~ XXXXX

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (11/09)

DOCUMENT # L05000044037

1. Limited Liability Company's Name
EGG CAPITAL, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
17212 WHITE HAVEN DR	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State
Zip: 33496 Country: US	Zip Country

4. State/Country of Formation: FL
5. Date Organized or Qualified To Do Business in Florida: 5/5/2005
6. FEI Number: 33-1117251 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐

5. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
Suite, Apt. #, Etc.
City: TALLAHASSEE State: FL Zip Code: 32301

☒ 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: Heather Chapman as its agent
REGISTERED AGENT MUST SIGN
Date: 1/19/10

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	STEVEN GELLER	17212 WHITE HAVEN DR	BOCA RATON, FL 33496

REINSTATEMENT - 06 - 2010

11. E-mail Address: .... (To be used for future annual report notification)

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 upon 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: [signature] Date: 1/19/10 Daytime Phone #: 561-5[illegible]

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

C.S.