

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L05000055231

1. Limited Liability Company's Name

SPONSOR ACCESS, LLC

500087210575

02/05/07--01004--009 **100.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
401 E. Las Olas Blvd.

3. Mailing Office Address
401 E. Las Olas Blvd.

Suite, Apt. #, etc.
Suite 1560

Suite, Apt. #, etc.
Suite 1560

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33301

Country
USA

Zip
33301

Country
USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida **June 3, 2005**

6. FEI Number
03-0562853

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
Mark E. Felstein

Street Address (P.O. Box Number is Not Acceptable)
401 E. Las Olas Blvd.

Suite, Apt. #, Etc.
#1560

City
Ft. Lauderdale

State Zip Code
FL 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 *Mark E. Felstein*
REGISTERED AGENT MUST SIGN

Date 1/26/2007

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	IIAMG, INC.	401 E. Las Olas Blvd.	Ft. Lauderdale, FL 33301
Member	Mark E. Felstein, P.A.	401 E. Las Olas Blvd.	Ft. Lauderdale, FL 33301
Member	The Procurer, LLC	1517 NE 16th Avenue	Ft. Lauderdale, FL 33304

REINSTATEMENT 06-07

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 *Eddy Marin* Date 1/26/2007 Daytime Phone # 954-712-0000

Typed or printed name of signing Managing Member/Manager Eddy Marin, MGRM - President of IIAMG, INC.