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

08 NOV 13 PM 2:26

DOCUMENT # L05000058018

1. Limited Liability Company's Name

MRS Properties, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
803 Estuary Way		803 Estuary Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Delray Beach, Florida		City & State: Delray Beach, Florida	
Zip: 33483	Country: USA	Zip: 33483	Country: USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 6/13/2005

6. FEI Number: 030566365 — ☒ 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: Randi Schnee

Street Address (P.O. Box Number is Not Acceptable): 803 Estuary Way

Suite, Apt. #, Etc.:

City	State	Zip Code
Delray Beach	FL	33483CEO

☑ 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: Randi Schnee — Date: 11-10-08

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
CEO	Randi Schnee	803 Estuary Way	Delray Beach, Florida 33483
CFO	Michele Reich	307 NW 16th Street	Delray Beach, Florida 33444

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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: Randi Schnee — Date: 11-10-08 — Daytime Phone #: 954-661-5090

Typed or printed name of signing Managing Member/Manager: Randi E. Schnee