

Typed or printed name of signing Managing Member/Manager

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 10 FEB 22 PM 2: 20
DOCUMENT # LOSOCOO58384 1. Limited Liability Company's Name Alissa Shane Holdings, LLC		SECRETARY OF STATE TALLAHASSEE. FLORIDA DDD 170130380 02/22/1001008012 **416.25 CR2E041 (11/09)
2. Principal Office Address - No P.O. Box # 3 GROVE ISIE DRIVE Suite, Apt. #, etc.	3. Mailing Office Address Suite, Apt. #, etc.	4. State/Country of Formation 5. Date Organized or Qualified To Do Business in Florida 7. To Do Business in Florida
City & State COCONUT GROVE, FL Zip 33133 DADE	City & State Zip Country	6. FEJ Number Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status
Name Name NoneS HARY Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. # Frc. City MANH ORRORE	DEIVE State Tip Code	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 mamed limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date		
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members/ Manage	Street Address of Eac Managing Member/ Man	
MGR Harris Hal Mo	nes 3 Grove Isle Di	ve #1110 Coconut Grove, FC 33133
		JB_
		REINSTATEMENT 2008-10
11. E-mail Address: HMODES @ amail (am		
(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		