PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY REINSTATEMENT COMPANY REINSTATEMENT COMPANY COMPA						14 APR LL ALLO SO SECRETARY OF STATE TALLAHASSEE, FLORE	
DOCUMENT # LOSOOO 1691 1. Limited Liability Company's Name CK REGALIA, LLC							
,		ess - No P.O. Box# TH STREET	3. Mailing Office Address 2750 NE 185TH STREET			CR2E041 (1/14) 4. State/Country of Formation FLORIDA, USA 5. Date Organized or Qualified To Oo Business in Florida 11/17/2005	
Suite, Apt. #,	, etc.		Suite, Apt. #, etc. 201				
AVENTURA, FLORIDA			AVENTURA, FLORIDA		6. FEI Number Applied For ✓ Not Applicable		
33175	Zip Country USA		33175 USA		7, CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status		
Name STOK FOLK + KON Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29TH AVENUE Suite, Apt. #, Etc. 1005 City AVENTURA 9. I, being appointed the registered agent of the above named limited liability company, am familiar with an						900258935629 04/11/1401026020 ***238.75	
Signature of Registered Agent REGISTERED AGENT MUST SIGN						Date 49114	
10. Names and Street Addresses of Authorized Representatives/Managers							
Titles	Name of Authorized Representatives/ Managers		Street Address of Each Authorized Representative/ Manager			City / State / Zíp	
MGR				2750 NE 185TH STREET, SUITE 201		, SUITE 201	AVENTURA, FL 33175
							APR 11 2014 M. WILLIAMS
11, E-mail Address: service@stoklaw.com* (To be used for future annual report notifications)							
12. I certify that I am an authorized representative/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 footise out on has been eliminated, the limited liability company name satisfies the requirements of section 605,0012. 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 eath. I am aware that rate information subhytted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S. Signature of Authorized Representative/Manager Date 4 9 14 - Daytime Phone # 305-935-4440 Typed or printed name of signing Authorized Representative/Manager							