


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; opacity: 0.5; transform: rotate(-15deg); display: inline-block;">FILED</div> <div style="text-align: left; margin-top: 10px;">2009 MAR 17 AM 11:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA  800145685238 03/13/09--01004--009 **416.25 CR2E041 (10/08)</div>			
<b>DOCUMENT # L 06000015367</b>							
<b>1. Limited Liability Company's Name</b>  FISHSCALE USA, LLC							
<b>2. Principal Office Address - No P.O. Box #</b> 1835 E. HALLANDALE BEACH BLVD Suite, Apt. #, etc. 409 City & State Hallandale, FL Zip 33009 Country USA			<b>3. Mailing Office Address</b>  Suite, Apt. #, etc.  City & State  Zip  Country				
<b>4. State/Country of Formation</b> FLORIDA, USA			<b>5. Date Organized or Qualified To Do Business in Florida</b> 2/13/06				
<b>6. FEI Number</b> 90-0316552			<table border="1" style="width: 100%;"><tr><td style="width: 80%;"><b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/></td><td style="width: 20%;">\$5.00 Additional Fee required for a Certificate of Status</td></tr></table>			<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status
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<b>8. Name and Address of Current Registered Agent</b> Name BRYAN Edwards Street Address (P.O. Box Number is Not Acceptable) 1835 E. Hallandale Beach BLVD Suite, Apt. #, Etc. 409 City Hallandale State FL Zip Code 33009			<div style="border: 1px solid black; padding: 5px;"><input checked="" type="checkbox"/> 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.</div>				
<b>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.</b> Signature of Registered Agent <u>Bryan Edwards</u> Date <u>3/4/09</u> REGISTERED AGENT MUST SIGN							
<b>10. Names and Street Addresses of Managing Members/Managers</b>							
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip				
V.P.	Bryan Edwards	1835 E. Hallandale Beach BLVD	HALLANDALE, FL 33009				
<div style="font-size: 1.5em; opacity: 0.5; transform: rotate(-15deg); display: inline-block;">REINSTATEMENT 07-09</div> <div style="font-size: 2em; opacity: 0.5; transform: rotate(-15deg); display: inline-block;">CR 3-18-09</div>							
<b>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.</b>							
Signature of Managing Member/Manager <u>Bryan Edwards</u> Date <u>3/4/09</u> Daytime Phone # <u>786.218.1454</u>							
Typed or printed name of signing Managing Member/Manager _____							