

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 19 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000020493

1. Limited Liability Company's Name

FRIENDS 4D, LLC

800172550788
03/18/10--01039--008 **416.25
CR2E041 (11/09)

| | | | |
|--|-----------------------|--|-----------------------|
| 2. Principal Office Address - No P.O. Box # <u>4100 NE 2 AV</u> | | 3. Mailing Office Address <u>4100 NE 2 AV</u> | |
| Suite, Apt. #, etc. <u>SUITE 206</u> | | Suite, Apt. #, etc. <u>SUITE 206</u> | |
| City & State <u>MIAMI FL</u> | | City & State <u>MIAMI FL</u> | |
| Zip <u>33137</u> | Country <u>USA</u> | Zip <u>33137</u> | Country <u>USA</u> |

| | |
|---|--|
| 4. State/Country of Formation <u>FL/USA</u> | |
| 5. Date Organized or Qualified To Do Business in Florida <u>2/24/06</u> | |
| 6. FEI Number <u>68-0623261</u> | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

8. Name and Address of Current Registered Agent

| | | |
|---|--------------------|--------------------------|
| Name <u>Philip Gross</u> | | |
| Street Address (P.O. Box Number is Not Acceptable) <u>4100 NE 2 AV</u> | | |
| Suite, Apt. #, Etc. <u>SUITE 206</u> | | |
| City <u>MIAMI</u> | State <u>FL</u> | Zip Code <u>33137</u> |

☒ 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.

800172550788
03/18/10--01039--008 **5.00

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 [Signature]

Date 3/17/10

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| REINSTATEMENT 2008-10 | | | |
|--|-----------------|------------------|----------------------------|
| City / State / Zip | | | |
| JE | | | |
| Titles | | | |
| Name of Managing Members/Managers | | | |
| Street Address of each Managing Member/Manager | | | |
| MGRM | MIKE McBRIDE | 3100 NE 23 AV | LIGHTHOUSE POINT, FL 33064 |
| MGRM | JEFF BARON | 246 MAPLEWOOD RD | RIVERSIDE, IL 60546 |
| MGRM | PHILIP GROSS | 730 NE 76 ST | MIAMI, FL 33138 |
| MGRM | DAVID RIGBY | 1701 SE 13 ST | FT LAUDERDALE, FL 33316 |
| MGRM | CARL PATRIGNANI | 720 SE 9 ST | FT LAUDERDALE, FL 33316 |
| MGRM | BOB STEIN | 1707 SE 13 ST | FT LAUDERDALE, FL 33316 |

11. E-mail Address: _____ (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 Managing Member/Manager [Signature] Date 3/17/10 Daytime Phone # 305-532-1400

Typed or printed name of signing Managing Member/Manager Philip Gross