2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT #L06000078084 07 NOV 20 PM 1:50 THE SUPERGENUIS BAND, LLC SECRETARY OF STATE TALLAHASSEE. FLORIDA Mailing Address Principal Place of Business 4290 BRACKENWOOD COURT 4290 BRACKENWOOD COURT SARASOTA, FL 34232 SARASOTA, FL 34232 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10242007 REIN-LLC CR2E101 (1/07) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARUSO, MARK Street Address (P.O. Box Number is Not Acceptable) 4290 BRACKENWOOD COURT SARASOTA, FL 34232 City Zip Code for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement. the obligations of registered ages SIGNATURE or printed name of registered agent and title if applicable Make check payable to FILE NOW!!! FEE IS \$150.00 Florida Department of State After January 1, 2008, Fee will be \$200.00 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Change MGR TITLE Addition TITLE □ Delete 11/05/07-01027-010 CARUSO, MARK NAME NAME 4290 BRACKENWOOD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34232 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-SI-7P Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Con-SI-ZiP-☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INSTATEME Oelete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information superfield with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED