PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2007

LIMITED LIABILITY COMPANY REINSTATEMENT

ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 SEP 12 PM 2:43

DOCUMENT # L06000116800

1. Limited Liability Company's Name

CZIRAKI LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
757 S.E. 17TH STREET	757 S.E. 17TH STREET
Suite, Apt. #, etc.: #898	Suite, Apt. #, etc.: #898
City & State: FT. LAUDERDALE FL	City & State: FT. LAUDERDALE FL
Zip: 33316 Country: USA	Zip: 33316 Country: USA

4. State/Country of Formation: USA

5. Date Organized or Qualified To Do Business in Florida: 12/07/2006

6. FEI Number: ☑ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: THE LAW OFFICES OF NICK SPRADLIN, PLLC

Street Address (P.O. Box Number is Not Acceptable): 4001 WEST HENRY AVE.

Suite, Apt. #, Etc.: SUITE 306

City: TAMPA State: FL Zip Code: 33614

☑ 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 named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Nickolas Spradlin CEO Date: 8/28/07

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CZIRAKI, LASZLO	757 S.E. 17TH STREET, #898	FT. LAUDERDALE FL 33316
MGRM	CZIRAKI, DAWN	757 S.E. 17TH STREET, #898	FT. LAUDERDALE FL 33316
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			BLT

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 608.408, 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: Date: 8-28-07 Daytime Phone #: 631 255 1856

Typed or printed name of signing Managing Member/Manager: Dawn CZIRAKI