PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. MITED LIABILITY FILED FLORIDA DEPARTMENT OF TATE

Secretary of State COMPANY 14 JUN-9 PM 2:44 REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA L07000047018 DOCUMENT # 1. Limited Liability Company's Name MARK W CZADAN, LL.C CR2E041 (1/14) 2. Principal Office Address - No P O. Box # 3. Mailing Office Address 619 NW J3 WAN 4 State/Country of Formation Suite, Apt. #, etc. Date Organized or Qualified To Do Business in Florida City & State City & State Applied For Not Applicable Country 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status Name and Address of Current Registered Agent MARK CZABAN 100259903331 05/06/14--01002--032 \*\*3 City 2619 9. It being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. ZABAW Registered Agent Names and Street Addresses of Authorized Representatives/Managers Name of Street Address of Each Titles City / State / Zip Authorized Representatives/ Authorized Representative/ Manager **UGI**L Bel1, F/A 32619 WUN 12 2014\_\_\_ L. SELLERS 11. E-mail Address 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 for dissolution 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 oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Typed or printed name of signing Authorized Representative/Manager