

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 JUN 30 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05282009 REIN-LLC CR2E101 (1/07)

DOCUMENT # L07000078470		
1. Entity Name MASCAR, LLC		

Principal Place of Business 8161 SW 24TH COURT, #302 DAVIE, FL 33324	Mailing Address 8161 SW 24TH COURT, #302 DAVIE, FL 33324
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2. Principal Place of Business - No P.O. Box # 10281 Pines Blvd	3. Mailing Address 10281 Pines Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pembroke Pines, FL	City & State Pembroke Pines, FL
Zip 33026	Zip 33026
Country USA	Country USA

4. FEI Number 26-0647704	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent COLEMAN, WILLIAM T BRINKLEY, MORGAN, SOLOMON, TATUM, STANLEY 200 E. LAS OLAS BLVD., STE. 200 FORT LAUDERDALE, FL 33301	
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7. Name and Address of New Registered Agent Name Dubrow Duker & Associates, P.A. Street Address (P.O. Box Number is Not Acceptable) 5401 N. University Drive, Suite 204 City Coral Springs FL Zip Code 33067	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <u>B. Alan Dubrow</u> Signature, typed or printed name of registered agent and title if applicable	DATE 6/1/2009

FILE NOW!!! FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition

11. I hereby certify that the information supplied 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date 6/22/09 Daytime Phone #