PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 27 AM 10:30

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

BR

900183087829

CR2E041 (05/10)

DOCUMENT # L07000085965

2010

1. Limited Liability Company's Name

# M.B FL INVESTMENT LLC

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 8358 W. Oakland Park Blvd. | 8358 W. Oakland Park Blvd. |
| Suite, Apt. #, etc.: 100 | Suite, Apt. #, etc.: 100 |
| City & State: Sunrise, Florida | City & State: Sunrise, Florida |
| Zip: 33351 Country: | Zip: 33351 Country: |

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 08/22/2007

6. FEI Number: 260829681 ☐ 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: RON DAVIDSON

Street Address (P.O. Box Number is Not Acceptable): 8358 W. OAKLAND PARK BOULEVARD

Suite, Apt. #, Etc.: #100

City: SUNRISE State: FL Zip Code: 33351

BR

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 _____ Date 12/27/2010

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 |
|---|---|---|---|
| MGR | Davidson USA Holdings LLC | 8358 W. Oakland Park Blvd., #100 | Sunrise, FL 33351 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 2010

11. E-mail Address: ron@trustusagroup.com
(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 605, 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 608.405, 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 12/27/2010 Daytime Phone # (954) 239-0309

Typed or printed name of signing Managing Member/Manager: RON DAVIDSON

CSC.
CORPORATION SERVICE COMPANY

L07000085965

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 27 AM 10:30

ACCOUNT NO. : I20000000195

REFERENCE : 624534 4311473

AUTHORIZATION :

COST LIMIT : $ 238.75

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ORDER DATE : December 27, 2010

ORDER TIME : 3:51 PM

ORDER NO. : 624534-005

CUSTOMER NO: 4311473

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DOMESTIC FILINGS

RECEIVED
10 DEC 27 PM 4:20
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: M.B FL INVESTMENT LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

Please send stamped copy back. Thanks

CONTACT PERSON: Susie Knight - Ext# 2956

EXAMINER'S INITIALS