2008 LIMITED LIABILITY COMPANY REINSTATEMENT

UNETARY OF STATE **DOCUMENT # L07000089610** OIVÍSION OF CORPORATIONS 1. Entity Name STUDIO MONKEYZ, L.L.C. 08 DEC -2 AHII: 38 Principal Place of Business Mailing Address 20533 BISCAYNE BOULEVARD SUITE 304 20533 BISCAYNE BOULEVARD SUITE 304 AVENTURA, FL 33180 AVENTURA, FL 33180 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 11242008 REIN-LLC CR2E101 (1/07) Applied For 4. FEI Number City & State City & State 14-2009255 Not Applicable Country Zip Zip \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Law Office of Allen Jacobi MOODLIYAR, KARLEN Street Address (P.O. Box Number is Not Acceptable) 11077 Biscayne Blvd., Suite 200 20533 BISCAYNE BOULEVARD SUITE 304 AVENTURA, FL 33180 ^{City} Miami Zip Code 33161 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. 11-25-08 SIGNATURE (MOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$138.75 Florida Department of State After January 1, 2009, Fee will be \$277.50 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. **MGRM** TITLE Change ■ Addition TITLE ☐ Delete NAME MOODLIYAR, KARLEN NAME 300138348303 12/01/08--01077--015 **14 20533 BISCAYNE BOULEVARD SUITE 304 STREET ADDRESS STREET ADDRESS ****143.75** AVENTURA, FL 33180 CITY-ST-ZIP CITY-ST-ZIF MGRM ☐ Delete TITLE ☐ Change ☐ Addition TITLE HUGGINS, RUDOLPH NAME NAME 20533 BISCAYNE BOULEVARD SUITE 304 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVENTURA, FL 33180 MGRM ☐ Delete ☐ Change ☐ Addition TITLE ESPINOSA, MICAHEL NAME NAME STREET ADDRESS STREET ADDRESS 20533 BISCAYNE BOULEVARD SUITE 304 AVENTURA, FL 33180 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE MGRM ☐ Delete TITLE PENDERGAST, BRENT NAME NAME 20533 BISCAYNE BOULEVARD SUITE 304 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVENTURA, FL 33180 ☐ Change ☐ Addition TITLE MGRM Detete TITLE NAME BROGDON, CARLOS J NAME STREET ADDRESS STREET ADDRESS 20533 BISCAYNE BOULEVARD SUITE 304 CITY-ST-ZIP AVENTURA, FL 33180 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 firnited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME OF RIGHTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #