2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000095381 1. Entity Name F & G 1976 HOLDINGS, LLC 2008 OCT 21 PM 12: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address C/O ATKINSTON, DINER, ET AL. C/O ATKINSTON, DINER, ET AL. 100 S.E. 3RD AVE., SUITE 1400 FT. LAUDERDALE, FL 33394 100 S.E. 3RD AVE., SUITE 1400 FT. LAUDERDALE, FL 33394 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10102008 REIN-LLC CR2E101 (1/07) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FOREMNY, BRIAN ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O ATKINSTON, DINER, ET AL. 100 S.E. 3RD AVE., SUITE 1400 FT. LAUDERDALE, FL 33394 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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 18 \$138.75 Florida Department of State After January 1, 2009, Fee will be \$277.50 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. Change ☐ Addition MGR ☐ Delete TITLE TITLE NAME UNANUE, FRANCISCO R NAME 600136981096 10/16/08--01037--001 **138.75 STREET ADDRESS STREET ADDRESS 100 S.E. 3RD AVENUE, SUITE 1400 FT. LAUDERDALE, FL 33394 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY-ST-ZIP ☐ Change ☐ Addition Deleté TITLE TITLE Beadaghan Lane to Beach Bill NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP 11. I hereby certify that the information supplied with this filling 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 pustee empowered to execute this report as required by Chapter 608, Florida Statutes. 10/14/08 954-925-5501 SIGNATURE: Davtime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, IANAGER, OR AUTHORIZED RERRESENTATIVE Date

Brian Foremny, Authorized Agent