

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JAN 12 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600165420806
01/08/10--01041--003 **382.50
CR2E041 (11/09)

DOCUMENT # L07000120285

1. Limited Liability Company's Name

PLATINUM BRANDS, LLC

2. Principal Office Address - No P.O. Box #

355 BARNACLE LANE 29580 CENTER RIDGE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc. PO BOX

City & State

INDIANLANTIC, FL

City & State

WESTLAKE, OH

Zip

32903

Country

USA

Zip

44145

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12-20-2007

6. FEI Number

20-8989808

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

JOHN DEPALMA

Street Address (P.O. Box Number is Not Acceptable)

355 BARNACLE LANE

Suite, Apt. #, Etc.

INDIANLANTIC

City

State

FL

Zip Code

32903

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1-6-2010

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
<u>MANAGER</u>	<u>JOHN DEPALMA</u>	<u>355 BARNACLE LANE</u>	<u>INDIANLANTIC, FL 32903</u>

REINSTATEMENT 08-09 AL

11. E-mail Address: JOHN@JAVACAFE.COFFEE.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 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 608.406, 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

[Signature]

Date

1-6-10

Daytime Phone #

216-553-5536

Typed or printed name of signing Managing Member/Manager

JOHN V. DEPALMA