PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT 29 AM 10:19

DOCUMENT # L09000084641

1. Corporation Name
M&D FUTURE INVESTMENTS LLC.

200187237992
10/29/10--01043--005 **238.75

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1633 Cherry lake Way	1633 Cherry lake Way
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Lake Mary, FL	City & State: Lake Mary FL
Zip: 32746 Country: USA	Zip: 32746 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: Sept. 1, 2009

5. FEI Number: 27-0872920 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: $ [illegible]

7. Name and Address of Current Registered Agent

Name: USA-RA LLC

Street Address (P.O. Box Number is Not Acceptable): 841 prudential dr. 12th floor

Suite, Apt. #, Etc.:

City: Jacksonville State: FL Zip Code: 32207

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Kyle Saunder Date: 10-26-10
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGRM	David Malamud	1911 NE 206 street	N. Miami Beach, FL 33179
MGRM	Moises Fraifeld	1633 Cherry lake Way	Heathrow, Fl 32746

10. E-mail Address: Sharonfraifeld@aol.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify that 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: 10/26/10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

REINSTATEMENT 2010

T. Hampton NOV - 1 2010