PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 SEP 13 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # L10000092725

1. Limited Liability Company's Name

Oceanside Exotics LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1934 Tigertail Blvd.		1934 Tigertail Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
STE 101		STE 101	
City & State		City & State	
Dania Beach, FL		Dania Beach, FL	
Zip	Country	Zip	Country
33004	USA	33004	USA

4. State/Country of Formation: FL/USA

5. Date Organized or Qualified To Do Business in Florida: 9/03/2010

6. FEI Number: 80-0847140 — 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: InCorp Services, Inc

Street Address (P.O. Box Number is Not Acceptable): 17888 67th Court North

Suite, Apt. #, Etc

City: Loxahatchee — State: FL — Zip Code: 33470

E-mail Address:
800239579728
09/13/12--01027--015 **378.00

OceansideExotics@gmail.com
(To be used for future annual report notices)

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] for InCorp Services, Inc. Date: 09-06-2012
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	Paul Carruth	1934 Tigertail Blvd. STE 101	Dania Beach, FL 33004
MGRM	Kimberly Reiss	100 Bayview Dr. STE 1016	Sunny Isles Beach, FL 33160
MGRM	Weldon Johnson	29936 Deal Island Rd.	Princess Anne, MD 21853
	SEP 14 2012		
	L. SELLERS		

REINSTATEMENT 2011- 2012

11. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: Paul Carruth Date: 9/5/2012 Daytime Phone #: 754-400-7530

Typed or printed name of signing Managing Member/Manager: Paul Carruth