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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 JAN -9 PM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

DOCUMENT # L10000122110

1. Limited Liability Company's Name
OPTIMUS US 3600 MYSTIC POINT DR., L.L.C.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
311 86th Street #4	311 86th Street #4
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: 33141 Country: US	Zip: 33141 Country: US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11/24/2010

6. FEI Number: ☐ 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

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: JoAnne Stefanov for Incorp Services, Inc. Date: 12/29/2014

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	OPTIMUS US PROPERTIES HOLDINGS, L.L.C.	311 86th Street #4	Miami Beach, FL 33141
MGRM	DMS MGMT.	DMS HOUSE, PO BOX 31910	GRAND CAYMAN, CAYMAN ISLS, OC KY1-1-206 OC

REINSTATEMENT 2015

14. E-mail Address: managedreports@incorp.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Date: 12/29/2014 Daytime Phone #: 786-422-8727

Typed or printed name of signing Authorized Representative/Manager: Krisia Del Prado Authorized Representative

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

Please forward to Becky McKnight for review

From:
Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702)866-2500
Fax Number : (702)866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: managedreports@incorp.com

LIMITED LIABILITY REINSTATEMENT
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