

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

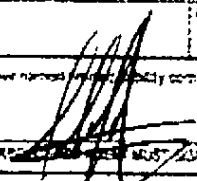
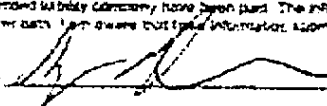
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SECRETARY OF STATE
TALLAHASSEE, FL

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CFR 101.114

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L11000015481 1. Limited Liability Company's Name SG KIDS CO, LLC			
2. Previous Office Address - No P.O. Box 21110 BISCAYNE BLVD.		3. Mailing Office Address 21110 BISCAYNE BLVD.	
Suite, Apt. #, etc. SUITE 312		Suite, Apt. #, etc. SUITE 312	
City & State AVENTURA, FL		City & State AVENTURA, FL	
Zip 33180	Country USA	Zip 33180	Country USA
4. Name and Address of Current Registered Agent Name STEVEN EISENBERG Office Address (P.O. Box Number & Not Acceptable) Suite 13780 NW 4TH STREET Apt. #, FL SUITE 100 City SUNRISE			
5. I am appointing the registered agent of the above named limited liability company and authorize with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent  Date 2/11/2019 Printed Name STEVEN EISENBERG			
6. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
7. 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 extinguished, 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 provided 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. 612.105, F.S.			
Signature of authorized representative/member  Date 1/25/19 Daytona Phone # 305-528-3038 Typed or printed name of signing authorized representative/member			

2016-2017
REINSTATEMENT