

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 JAN -4 PM 1:02

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT

DOCUMENT # L110000 29899

1. Limited Liability Company's Name

Friend Matchup, LLC

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

799 Brickell Ave

Suite, Apt. #, etc.

Suite 700

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

799 Brickell Ave

Suite, Apt. #, etc.

Suite 700

City & State

Miami, FL

Zip

33131

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

March 2011

6. FEI Number

27-5484267

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 Schmitz

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

799 Brickell Ave

Suite, Apt. #, Etc

Suite 700

City

Miami

State

FL

Zip Code

33131

E-mail Address:

100242235041
11/29/12--01027--015 **238.75

alexandravs@hotmail.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

John W. Schmitz
REGISTERED AGENT MUST SIGN

Date 11-10-12

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
MGRM	Alexandra Wenzke	799 Brickell Ave, Suite 700	Miami, FL 33131
MGRM	Daniel Wenzke	799 Brickell Ave, Suite 700	Miami, FL 33131
			JAN 04 2013
			S. PRATHE

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

Alexandra Wenzke

Date 11/9/12

Daytime Phone # 847-691-9854

Typed or printed name of signing Managing Member/Manager Alexandra Wenzke