

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

REINSTATEMENT

12

CR2E041 (1/11)

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11-10-12

10. Names and Street Addresses of Managing Members/Managers

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City/State/Zip. Includes entries for Alexandra Wenzke and Daniel Wenzke.

JAN 04 2013

S. PRATHI

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.

Signature of Managing Member/Manager

[Signature]

Date 11/9/12

Daytime Phone # 847-691-9854

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