


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b> <b>14 JUL 18 PM 6:33</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT # L11000040341</b> 1. Limited Liability Company's Name <b>GINZA 5, LLC</b>					
2. Principal Office Address - No P.O. Box # <b>910 FOULK ROAD</b> Suite, Apt. #, etc. <b>SUITE 201</b> City & State <b>WILMINGTON, DE</b> Zip <b>19803</b>		3. Mailing Office Address <b>910 FOULK ROAD</b> Suite, Apt. #, etc. <b>SUITE 201</b> City & State <b>WILMINGTON, DE</b> Zip <b>19803</b>		4. State/Country of Formation <b>FLORIDA</b> 5. Date Organized or Qualified To Do Business in Florida 04/05/11	
Country <b>USA</b>		Country <b>USA</b>		6. FEI Number <b>26-2946037</b> 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name <b>LEGALINC CORPORATE SERVICES INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2846 NW 79TH AVENUE</b> Suite, Apt. #, Etc. City <b>DORAL</b>					
State <b>FL</b>					
Zip Code <b>33122</b>					
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 <u>MARSHA DASCH</u> <u>MARSHA DASCH</u> Date <u>7-15-14</u> REGISTERED AGENT MUST SIGN <u>President</u>					
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		
MGR	TATIANA BRUNETTI	41 E 20th STREET	NEW YORK, NY 10003		
<b>REINSTATEMENT 2014</b>					
11. E-mail Address: <u>PROTAXSERV@AOL.COM</u> (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 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 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 <u>Tatiana Brunetti</u>		Date <u>7/10/14</u> Daytime Phone # <u>267-386-5339</u>			
Typed or printed name of signing Authorized Representative/Manager <u>TATIANA BRUNETTI</u>					