
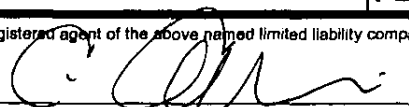
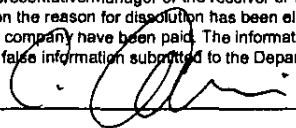


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L11000118202</u>			
1. Limited Liability Company's Name THE PLAT4M LLC			
2. Principal Office Address - No P.O. Box # 31 VENETIAN WAY Suite, Apt. #, etc. #34 City & State MIAMI BEACH, FL Zip 33139		3. Mailing Office Address 31 VENETIAN WAY Suite, Apt. #, etc. #34 City & State MIAMI BEACH, FL Zip 33139	
		4. State/Country of Formation FLORIDA	
		5. Date Organized or Qualified To Do Business in Florida 10/18/2011	
		6. FEI Number 45-3658736	
		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 CHELSEA CONKLIN			
Street Address (P.O. Box Number is Not Acceptable) 31 VENETIAN WAY			
Suite, Apt. #, Etc. #34			
City MIAMI BEACH		State FL	Zip Code 33139
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 		Date <u>11/1/14</u>	
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
AR	CHELSEA CONKLIN	31 VENETIAN WAY #34	MIAMI BEACH, FL 33139
REINSTATEMENT 2012-2014			
11. E-mail Address: CHELSEA@THEPLAT4M.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 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 		Date <u>11/1/14</u>	Daytime Phone # <u>917-226 7283</u>
Typed or printed name of signing Authorized Representative/Manager			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/07/14--01031--001 **416.25

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12/03/14--01027--008 **8.75

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