

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 DEC -5 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # L12000108604

1. Limited Liability Company's Name YCM Acquisition LLC			
2. Principal Office Address - No P.O. Box # 19950 West Country /Club Dr		3. Mailing Office Address 19950 West Country Club Drive	
Suite, Apt. #, etc. 10th Floor		Suite, Apt. #, etc. 10th Floor	
City & State Aventura, FL		City & State Aventura, FL	
Zip 33180	Country USA	Zip 33180	Country USA

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida 8/22/12	
6. FEI Number 46-1595190	Applied For <input type="checkbox"/> Not Applicable
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 NRAI Services, Inc.			
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road			
Suite, Apt. #, Etc.			
City Plantation	State FL	Zip Code 33324	

E-mail Address:
900254450179
12/05/13--01012--013 **238.75
mromine@turnberry.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 Katie Wonsch Katie Wonsch, Assistant Secretary Date 12/05/2013
 REGISTERED AGENT MUST SIGN

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
MGMR	Jeffrey Soffer	19950 West Country Club Drive, 10th Floor	Aventura, FL 33180
MGMR	Jacquelyn Soffer	19950 West Country Club Drive, 10th Floor	Aventura, FL 33180

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 [Signature] Date 12/5/13 Daytime Phone # (305) 937 6262
 Typed or printed name of signing Managing Member/Manager _____