PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

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16 APR -1 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13000094872

1. Limited Liability Company's Name

Stanley's Day Avenue, LLC

| 2. Principal Office Address - No P O Box # | 3. Mailing Office Address |
|---|---|
| 950 S. Pine Island Rd. | 950 S. Pine Island Rd. |
| Suite, Apt #, etc: STE A-150 | Suite, Apt #, etc: STE A-150 |
| City & State: Plantation, FL | City & State: Plantation, FL |
| Zip: 33324 Country: USA | Zip: 33324 Country: USA |

CR2E041 (1/14)

4 State/Country of Formation: FL

5 Date Organized or Qualified To Do Business in Florida: 7/2/2013

6. FEI Number: 46-4049930 ☐ Applied For ☐ Not Applicable

7 CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: PLATINUM AGENT SERVICES LLC

Street Address (P O Box Number is Not Acceptable) Suite, Apt #, Etc: 155 OFFICE PLAZA DR

City: TALLAHASSE State: FL Zip Code: 32301

100284060551

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: Stan Jan Date: 4/1/2016

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

| Titles | Name of Authorized Representative/ Managers | Street Address of Each Authorized Representative/ Manager | City / State / Zip |
|---|---|---|---|
| Executor | Mary Djuraseric | 70-A Greenwich Avenue, PMB 215 | New York, NY 10011 |
| | | | |
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| | | | |
| | | | |

11. E-mail Address: creative@maryjordan.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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F S.

Signature of authorized representative/member: [signature] Date: March 31/16 Daytime Phone #: 917-215-6417

Typed or printed name of signing authorized representative/member:

# FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302**
**155 Office Plaza Dr Ste A Tallahassee FL 32301**
**PHONE: (800) 435-9371; FAX: (866) 860-8395**

**DATE:** **4/1/16**

**NAME:** STANLEY'S DAY AVENUE, LLC

RECEIVED
16 APR 32 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**TYPE OF FILING:** **REINSTATEMENT**

**COST:** **377.50**

**RETURN:** **PLAIN COPY PLEASE**

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ACCOUNT: **FCA000000015**

**AUTHORIZATION:** **ABBIE/PAUL HODGE**

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