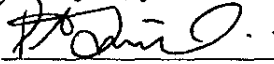


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2017 MAR - 1 PM 12:04

400296167254

CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L14000044840			
1. Limited Liability Company's Name New Leaf Florida LLC			
2. Principal Office Address - No P.O. Box # 3 Corbett Way Suite, Apt. #, etc. Suite A City & State Eatontown, NJ Zip 07724 Country USA		3. Mailing Office Address 3 Corbett Way Suite, Apt. #, etc. City & State Eatontown NJ Zip 07724 Country USA	
4. State/Country of Formation FL/USA		5. Date Organized or Qualified To Do Business in Florida 3/17/2014	
6. FEI Number 46-5133101		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 CT Corporation System Street Address (P.O. Box Number is Not Acceptable) Suite, 1200 South Pine Island Road Apt. #, Etc. City Plantation State FL Zip Code 33324			
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  Peter Trawinski Assistant Secretary Date 2/28/2017 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
CEO	Arel Meister-Aldama	3 Corbett Way	Eatontown, NJ 07724
REINSTATEMENT			
2016-2017			
11. E-mail Address: _____ (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 on 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 		Date 2/27/17	Daytime Phone # 732-201-8493
Typed or printed name of signing authorized representative/member Arel Meister-Aldama			

MAR - 1 2017

L BERGER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 525075 8052712
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 377.50

ORDER DATE : February 27, 2017
ORDER TIME : 9:48 AM
ORDER NO. : 525075-005
CUSTOMER NO: 8052712

DOMESTIC FILINGS

NAME: NEW LEAF FLORIDA LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - Ext#

EXAMINER'S INITIALS _____

RECEIVED
2017 MAR -1 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA