PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM			
LIMITED LIABILITY COMPANY' REINSTATEMENT		16 NOV - 1 PH 4:45	
2016 DOCUMENT # L/5000153370 1. Limited Liability Company's Name LONDON UNDAN LLC		SECULIÁNY EL CONT TALLAHASSEE FLORIDA 600291859356	
2. Principal Office Address - No P.O. Box #       3. Mailing O         2. Principal Office Address - No P.O. Box #       3. Mailing O         Suite. Apt #. atc       Suite. Apt #. atc         Suite. Apt #. atc       Suite, Apt #. atc         SUIPEH LOWI       Suite, Apt #. atc         SUIPEH LOWI       Suite, Apt #. atc         SUIPEH LOWI       Suite, Apt #. atc         Suite. Apt #. atc       Suite, Apt #. atc         Suite Apt #. atc       Suite, Apt #. atc         Suite Apt #. atc       Suite, Apt #. atc         Suite Apt #. atc       Country         Zip       Country         IDOI 8       USA         B. Name and Address of Current Rep         Name       Name Address of Current Rep         Name       Number is Not Acceptable) Suite.	The Address ), 38th Street etc. -C.H. GWI IYUUC, M OIS Country USA	<ul> <li>11.701</li> <li>4. State/Country of</li> <li>5. Date Organized To Do Business</li> <li>6. FEI Number 477-2</li> <li>7 CERTIFICATE OF STA</li> </ul>	FIDY i ADI USA d or Qualified in Florida 09/08/2015 506 5081 Applied For Ston Applicable
YUMATMON       FL       33324         9. 1, being appointed the registered agent of the above named limited liability company, an familiar with and accept the obligations of Chapter 605, F.S.         Signature of Registered Agent       Angel Nunez         Registered Agent       Date         Image: Non-second agent       Image: Non-second agent			
10 Names and Street Addresses of Authorized Representatives/Manag			
Name of           Titles         Authorized Representatives/           Managers	Street Address of Each Authorized Representative <u>Manager</u>	a/	City / State / Zip
Mink Benjamm London	Fol Brickell Ave, -	<u># 1490</u>	(11ami, FL 33131_
-			
11. E- mail Address: DONDON@SDISTICE.US.COM			
(To be used for future annual report notifications)         (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 diasolution 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 maware that faise information sumitted 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			

## VZ AOUTON