PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV 28 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DK

CR2E041 (8/05)

DOCUMENT # L96000000347

1. Limited Liability Company's Name
Marshall Weinerman Enterprises, L.L.C.

01

2. Principal Office Address	3. Mailing Office Address
7496 Rexford Road	7496 Rexford Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Boca Raton FL	Boca Raton FL
Zip 33434 Country Palm Beach	Zip 33434 Country Palm Beach

4. State/Country of Formation: Florida / Palm Beach

5. Date Organized or Qualified To Do Business in Florida: 03/25/1996

6. FEI Number: 223608466 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Certification Fee required

8. Name and Address of Current Registered Agent

Name: Richard J. Alan Cahan
Street Address (P.O. Box Number is Not Acceptable): c/o Becker & Poliakoff P.A., 121 Alhambra Plaza
Suite, Apt. #, Etc.: 10th Floor
City: Coral Gables State: FL Zip Code: 33134

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 _____ Date 11/28/06

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
MGRM	Marshall Weinerman	7496 Rexford Road	Boca Raton FL 33434
MEM	Irene Weinerman	7496 Rexford Road	Boca Raton FL 33434
MEM	Samuel Gurfinkel	7496 Rexford Road	Boca Raton FL 33434
MEM	Rose Gurfinkel	7496 Rexford Road	Boca Raton FL 33434
	REINSTATEMENT 2001-2006		
			200082122412

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 608.508, 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.

Signature of Managing Member/Manager _____ Date 11/28/06 Daytime Phone # 561-487-8412

Typed or printed name of signing Managing Member/Manager: Marshall Weinerman

CSC

CORPORATION SERVICE COMPANY

L96000000347

ACCOUNT NO. : 072100000032

REFERENCE : 625554 5014227

AUTHORIZATION :

COST LIMIT : $ 405.00

ORDER DATE : November 28, 2006

ORDER TIME : 2:57 PM

ORDER NO. : 625554-005

CUSTOMER NO: 5014227

DOMESTIC FILINGS

NAME: MARSHALL WEINERMAN
ENTERPRISES, L.L.C.

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2006 NOV 28 PM 4:17

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - Ext# 2951

EXAMINER'S INITIALS _____

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06 NOV 28 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA