

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV 18 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001367

1. Limited Liability Company's Name

MABB, L.L.C.

REINSTATEMENT

2. Principal Office Address

2300 W OAKLAND PK BLVD

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33311

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

33311

Zip

Country

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

2/6/98

6. FEI Number

65-0855092

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 A fee must be paid for a Certificate of Status.

8. Name and Address of Current Registered Agent

Name

ROBERT FITZGERALD

Street Address (P.O. Box Number is Not Acceptable)

2300 W OAKLAND PK BLVD

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State

FL

Zip Code

33311

400003060834-9

-12/06/99-01001-008

***150.00 ***150.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/27/99

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
MGR	ROBERT FITZGERALD	2300 W OAKLAND PK BLVD	FT LAUDERDALE FL 33311
MGR	MICHAEL BERLUN	↓	↓
MGR	AL PICCININNI		
MGR	BRAD HERTZ		
			<i>[Signature]</i>

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.

Signature of
Managing Member/Manager

[Signature]

Date

10/27/99

Daytime Phone #

954 485 4400

Typed or printed name of signing Managing Member/Manager

ROBERT FITZGERALD