L98000001875

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 APR -3 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # L98000001875

1. Limited Liability Company's Name

CONNEXT, L.C.

03

2. Principal Office Address	**3.** Mailing Office Address
5440 N. State Rd 7	SAME
Suite, Apt. #, etc.: 224 Fort Lauderdale	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State
Zip: 33319 Country: USA	Zip: SAME Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number: 650868221 ☐ 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: FRANCISCO TOSTA.

Street Address (P.O. Box Number is Not Acceptable): 5440 N. State Rd 7

~~900121882308~~
~~04/02/08--01002--006 **37.50~~

Suite, Apt. #, Etc.: 224

City: Fort Lauderdale | State: FL | Zip Code: 33319

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: N — REGISTERED AGENT MUST SIGN — Date: 03/31/08

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.	FRANCISCO TOSTA.	5440 N. State Rd 7	Ft. Lauderdale Fl. 33319

REINSTATEMENT 2003 - 2008

500122428015
04/07/08--01014--013 **837.50

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: N — Date: 03/31/08. Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: FRANCISCO TOSTA.

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Connext, L.C.
5440 N. STATE RD 7
#224
FORT LAUDERDALE, FL, 333[illegible]

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TALLAHASSEE, FLORIDA

FLORIDA Department of STATE:

This LETTER is To inform you That We DiD noT Received any correspondence for Connext, L.C. Since 2003.

Enclosed please find Reinstatement and check For 837.50.

IF you have any QUESTIONS do not hesiTate to contact us.

very truly,

Francisco Tosta
MGR