L98000003029

Nov-17-2003 01:25pm From-RENMCCLOSKY 17FLNORTH T-966 P.002/004 F-963

APPROVED AND FILED

03 NOV 17 PM 5:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L98000003029

1. Limited Liability Company's Name
Otabo, L.L.C.

REINSTATEMENT

2. Principal Office Address		**3.** Mailing Office Address	
3021 NW 25th Avenue		3021 NW 25th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Pompano Beach, FL		Pompano Beach, FL	
Zip	Country	Zip	Country
33069	USA	33069	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 12/4/1998

6. FEI Number: 65-0879301 — 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: Howard Shaffer

Street Address (P.O. Box Number is Not Acceptable): 3021 NW 25th Avenue

Suite, Apt. #, Etc.:

City: Pompano Beach — State: FL — Zip Code: 33069

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 11-10-03

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	Howard Shaffer	3021 NW 25th Avenue	Pompano Beach, FL 33069
MGRM	Jennifer Shaffer	3021 NW 25th Avenue	Pompano Beach, FL 33069

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 _____ Date 11-10-03 Daytime Phone# 954 971 9900

Typed or printed name of signing Managing Member/Manager _____

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Florida Department of State
Division of Corporations
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From:
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LIMITED LIABILITY REINSTATEMENT

OTABO, L.L.C.

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