PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT -7 PM 1:45

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1. Limited Liability Company's Name
Obar Enterprises, LLC

REINSTATEMENT 2000-2002

2. Principal Office Address	3. Mailing Office Address
One SE Third Avenue	same
Suite, Apt. #, etc.: 1940	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State
Zip: 33131 Country: USA	Zip Country

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: March 31, 1999
6. FEI Number: 65-0909766 ☐ 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: Filings, Inc.
Street Address (P.O. Box Number is Not Acceptable): 3732 NW 16 Street
Suite, Apt. #, Etc.:
City: Fort Lauderdale State: FL Zip Code: 33311-4132

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: Teresa Roman Date: 9-30-02
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Ali Orderici	One SE Third Avenue, Suite 1940	Miami, FL 33131
	REINSTATEMENT	2000-2002	

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 608.408, 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: 9/30/02 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: Ali Ozderici