

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

01 FEB 20 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002499

1. Limited Liability Company's Name

Voices 2010.com, LLC

2. Principal Office Address

1081 Corkwood Street

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33019

Country

US

3. Mailing Office Address

1081 Corkwood St.

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33019

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

MAY 3, 1999

6. FEI Number

65-0919407

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Lester A. Simon

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

1081 Corkwood Street

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33019

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

Lester A. Simon
REGISTERED AGENT MUST SIGN

Date 2/15/01

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 |
|--------|--------------------------------------|---|---------------------|
| MEM | LESTER A. SIMON | 1081 Corkwood St. | Hollywood, FL 33019 |
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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

Lester A. Simon

Date 2/16/01

Daytime Phone #

954-921-0385

Typed or printed name of signing Managing Member/Manager