

L99000002700

Florida Department of State
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Account Name : LAW OFFICES OF LAWRENCE E. BLACKE P.A.
Account Number : I19990000167
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LIMITED LIABILITY REINSTATEMENT

CARLTON ENTERPRISES, L.L.C.

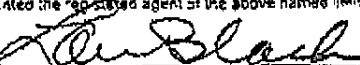
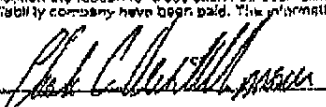
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Corporate Filing

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 199000002700			
1. Limited Liability Company's Name Carlton Enterprises, L.L.C.			
2. Principal Office Address 411 Michigan Avenue Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.	
City & State Miami Beach, FL		City & State City & State	
Zip 33139	Country	Zip Country	4. State/Country of Formation Florida
		5. Date Organized or Qualified To Do Business in Florida May 12, 1999	
		6. FEI Number Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee Not a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name Law Offices of Lawrence E. Blacke, P.A.			
Street Address (P.O. Box Number is Not Acceptable) 3326 NE 33rd Street			
Suite, Apt. #, Etc.			
City Fort Lauderdale		State FL	Zip Code 33308
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 3/12/01	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title Managing Member	Name of Managing Member/Manager Clark Mitchell	Street Address of Each Managing Member/Manager 411 Michigan Avenue	City / State / Zip Miami Beach, FL 33139
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 608.405, 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 3/12/01	Daytime Phone# (305) 532-2202
Typed or printed name of signing Managing Member/Manager Clark Mitchell, Managing Member			

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 7, 2001

CARLTON ENTERPRISES, L.L.C.
411 MICHIGAN AVENUE
MIAMI BEACH, FL 33139

SUBJECT: CARLTON ENTERPRISES, L.L.C.
REF: L99000002700

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You have submitted the reinstatement application for a Corporation, however, CARLTON ENTERPRISES, L.L.C. is a Limited Liability Company, therefore, you must complete the correct form, the Reinstatement for Limited Liability Company.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6051.

Registration/Qualification Section
Division of Corporations Letter Number: 701A00013928