

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 JAN 29 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L9900000 5020

1. Limited Liability Company's Name

SPACE STATION L.C.

2. Principal Office Address

3001 CORAL SHORES DR

Suite, Apt. #, etc.

3. Mailing Office Address

3001 CORAL SHORES DR

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL.

Zip

33306

Country

FLORIDA

City & State

FT. LAUDERDALE FL

Zip

33306

Country

FLORIDA

4. State/Country of Formation

FLORIDA BROWARD

5. Date Organized or Qualified

To Do Business in Florida

AUG. 10, 1999

6. FEI Number

65-0950436

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

THOMAS A. DVORAK

000003623840--0

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

3001 CORAL SHORES DRIVE

-02/02/01--01019--001

*****50.00 *****50.00

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33306

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

THOMAS A. DVORAK

REGISTERED AGENT MUST SIGN

Date 12/30/2000

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
MEMBER	THOMAS ALAN DVORAK	3001 CORAL SHORES DR.	FT. LAUDERDALE FL 33306
MEMBER	THOMAS WHITLEY DVORAK	2950 A PLACE DE LA PAIX	ST. PETERSBURG, FL 33707
			UNIT # 1000003623840--0
			-02/02/01--01019--002
			*****155.00 *****155.00
			REINSTATEMENT

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

THOMAS A. DVORAK

Date 12/30/2000

Daytime Phone # 954 563 3342

Typed or printed name of signing Managing Member/Manager

THOMAS A. DVORAK

CR2E041 (9/99)