PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2004 DEC 29 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000005421

1. Limited Liability Company's Name
MANDALAY, LLC

2. Principal Office Address	3. Mailing Office Address
1110 Brickell Avenue	1110 Brickell Avenue
Suite, Apt. #, etc. 7th Floor	Suite, Apt. #, etc. 7th Floor
City & State Miami	City & State Miami
Zip 33131 Country USA	Zip 33131 Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 08/30/1999

6. FEI Number: 65-0949995 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee is required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Alan W. Levine, Esq. c/o Levine & Partners, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1110 Brickell Avenue

Suite, Apt. #, Etc.: 7th Floor

City: Miami State: FL Zip Code: 33131

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 _____ REGISTERED AGENT MUST SIGN Date 12/16/2004

CR2E041 (10/02)

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
MGR	LUSTIGMAN, SHAWN	1110 Brickell Avenue, 7th Floor	Miami, Florida 33131

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REINSTATEMENT 03-04

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 12/16/04 Daytime Phone # 305-372-1350

Typed or printed name of signing Managing Member/Manager Shawn Lustigman MGR