

Jun. 7. 2001 3:28 PM  
Division of Corporations

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L99000005522

Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : BERMAN WOLFE & RENNERT, P.A.

Account Number : 076103002011

Phone : (305) 577-4166

Fax Number : (305) 373-6036

ALJ

LIMITED LIABILITY REINSTATEMENT

SPRAY, L.L.C.


|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 01       |
| Estimated Charge      | \$205.00 |

Jun. 7. 2001 3:35PM

No. 3208 P. 2/2

FAX AUDIT NUMBER: H01000071833 7

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

|   |   |  |
|---|---|--|
| LIMITED LIABILITY<br>COMPANY<br>REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE  |
|   |   | Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |

DOCUMENT # L99000005522

1. Limited Liability Company's Name

Spray, L.L.C.

2. Principal Office Address  
4130 Collins Avenue

Suite, Apt. #, etc.

3. Mailing Office Address  
3909 N.E. 163<sup>rd</sup> Street

Suite, Apt. #, etc.

City & State  
Miami Beach, FL

Zip  
33140

Country  
USA

City & State  
North Miami Beach, FL

Zip  
33160

Country  
USA

4. State/ Country of Formation

Florida

5. Date Incorporated or Qualified  
To Do Business in Florida

9-1-99

6. FEI Number

65-0944068

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

13. (3) Additional Fee required  
for a Certificate of Status

8. Name and address of New Registered Agent

Name

Charles J. Grimsley, Esq.

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

3909 N.E. 163<sup>rd</sup> Street

Suite, Apt. #, Etc.

City

North Miami Beach

State  
FL

Zip Code  
33160

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of section 608, F.S.

Signature of  
Registered Agent



Charles J. Grimsley

Date

6-6-01

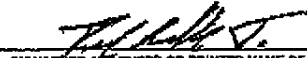
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/ Managers | Street Address of Each<br>Managing Members/ Managers | City / State / Zip          |
|--------|---------------------------------------|--|-----------------------------|
| MGRM   | Richard P. Parrillo, Jr.              | 3909 N.E. 163 <sup>rd</sup> Street                   | North Miami Beach, FL 33160 |
|        |                                       |  |                             |
|        |                                       |  |                             |
|        |                                       |  |                             |

10. I hereby certify that I am managing/ member 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 corporate 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



Richard P. Parrillo, Jr., sol member

6-6-01

305-940-7299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER

Date

Daytime Phone #

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01 JUN -72 AM 7:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA