PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 OCT 28 PM 5:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

MJH

DOCUMENT # L99000006074

1. Limited Liability Company's Name
EVGI, LLC

2. Principal Office Address		3. Mailing Office Address	
3230 E. Flamingo Rd.		3230 E. Flamingo Rd.	
Suite, Apt. #, etc. 536		Suite, Apt. #, etc. 536	
City & State Las Vegas, NV		City & State Las Vegas, NV	
Zip 89121	Country USA	Zip 89121	Country USA

10/28 2003

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 9/23/1999

6. FEI Number: 65-0951261 ☐ 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: Bert & Associates, Inc.

Street Address (P.O. Box Number is Not Acceptable): 7830 NW 44 Street

800024186166
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Suite, Apt. #, Etc.

City: Sunrise | State: FL | Zip Code: 33351

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: Daniel L Bert
REGISTERED AGENT MUST SIGN

Date: 10/15/03

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
PSTM	Brian Gerstein	3230 E. Flamingo Rd. #536	Las Vegas, NV 89121

REINSTATEMENT 2003

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: Brian Gerstein Date: 10/15/03 Daytime Phone #: 702-458-4638

Typed or printed name of signing Managing Member/Manager: Brian Gerstein