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 OCT 22 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #L99000006408

1. Limited Liability Company's Name
TSUKUDA ENTERPRISES, L.L.C.

REINSTATEMENT 200

2. Principal Office Address	**3.** Mailing Office Address
10275 SW 20 STREET	10275 SW 20 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
DAVIE, FLORIDA	DAVIE, FLORIDA
Zip: 33324 Country: BROWARD	Zip: 33324 Country: BROWARD

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida: OCT. 5, 1999

6. FEI Number: #65-0963869 ☐ 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: ROBERT B. TSUKUDA

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-10/25/01--01072--003
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 10275 SW 20 STREET

Suite, Apt. #, Etc.:

City: DAVIE State: FL Zip Code: 33324

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: Robert B. Tsukuda Date: Oct. 18, 2001
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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
MGRM.	ROBERT B. TSUKUDA	10275 SW 20 STREET	DAVIE, FL. 33324

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: Robert B. Tsukuda Date: 10-18-01 Daytime Phone #: 954/476-7359

Typed or printed name of signing Managing Member/Manager: ROBERT B. TSUKUDA