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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 FEB 28 AM 10: 14

DOCUMENT # L99-8076

1. Limited Liability Company's Name
FABA, LLC
9/29/00

2. Principal Office Address: 701 Sanctuary Dr.
Suite, Apt. #, etc.:
City & State: Boca Raton, FL
Zip: 33431 Country: USA

3. Mailing Office Address: 701 Sanctuary Dr.
Suite, Apt. #, etc.:
City & State: Boca Raton, FL
Zip: 33431 Country: USA

4. State/Country of Formation: Florida

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

6. FEI Number: 65-0642592 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: Felix Smolka
Street Address (P.O. Box Number Is Not Acceptable): 701 Sanctuary Drive
Suite, Apt. #, Etc.:
City: Boca Raton State: FL Zip Code: 33431

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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: [signature] Date: 2/9/01
REGISTERED AGENT MUST SIGN Felix Smolka

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
Mrgr	Felix A. Smolka	701 Sanctuary Dr.	Boca Raton, FL 33431
Mrgr	Alexander M. Smolka	576 Sandpiper Way	Boca Raton, FL 33431

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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: [signature] Date: 2/9/01 Daytime Phone #: 561-338-3240

Typed or printed name of signing Managing Member/Manager: Felix A. Smolka