PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 13 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

100013095991
03/14/03--01099--001 **50.00

DOCUMENT # L99000009170

1. Limited Liability Company's Name
Michael Weissman Holdings, LLC.

2. Principal Office Address	**3.** Mailing Office Address
20283 State Rd 7	
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc. Same
City & State Boca Raton - FL	City & State
Zip 33498 Country US	Zip Country

4. State/Country of Formation: Florida, US

5. Date Organized or Qualified To Do Business in Florida: 12/23/99

6. FEI Number: 650973322 ☐ 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

100013095991
02/25/03--01064--006 **150.00

Name: ~~Registered Agent~~ Andrew Farber

Street Address (P.O. Box Number is Not Acceptable): ~~20283 State Rd. 7 #300~~ 20283 State Rd. 7 #300

Suite, Apt. #, Etc.: ~~Building 100~~ Boca Raton FL 33498

City: Boca Raton | State: FL | Zip Code: 33498

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 _____ Date 2/1/03

REGISTERED AGENT MUST SIGN

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
MGRM MGM	Michael Weissman	3700 S. Ocean Blvd #810 ~~20283 State Rd 7 #300~~	Highland Beach, FL ~~Boca Raton, FL 33498~~ 33487
		~~WITHDRAWAL~~	

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 1/13/2003 Daytime Phone # 973-539-5392

Typed or printed name of signing Managing Member/Manager MICHAEL WEISSMAN MAN. MEMBER