M00000001715

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED
03 JAN 29 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M00000061715

1. Limited Liability Company's Name
SOUNDCOM of FLORIDA, LLC

2002-2003

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
1000 N. DIXIE HWY	1000 N. DIXIE HWY
Suite, Apt. #, etc. SUITE A	Suite, Apt. #, etc. SUITE A
City & State W. PALM BEACH FL	City & State W. PALM BEACH FL
Zip 33401 Country USA	Zip 33401 Country USA

4. State/Country of Formation DELAWARE, USA
5. Date Organized or Qualified To Do Business in Florida 9/1/2000
6. FEI Number 36-4304007 ☐ 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: CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
000009875860
01/06/03--01081--002 * 200.00
Suite, Apt. #, Etc.:
City: TALLAHASSEE State: FL Zip Code: 32301

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: Brian Courtney Asst. V. Pres. Date: 12/23/02
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
PRES	MITCHELL KLEINHANDLER MGRM	93 Leonard St. Apt 8	New York, NY 10013
V.P./MGR	SHARON KLEINHANDLER MGR	93 Leonard St. Apt 8	New York NY 10013
V.P.	GREGG SMITH MGR	20 LARCH CT.	STATEN ISLAND NY 10309
V.P.	RICHARD SEYMOUR MGR	631 RIVIERA DR	BOYNTON BCH FL 33435

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 608.508, 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: 12-20-2002 Daytime Phone # 212-343-0464

Typed or printed name of signing Managing Member/Manager: Mitchell Kleinhandler