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LIMITED LIABILITY REINSTATEMENT

VENTIV COMMERCIAL SERVICES, LLC

Certificate of Status	1
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (12/07)

DOCUMENT # M02000001328

1. Limited Liability Company's Name

Ventiv Commercial Services, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
200 COTTONTAIL LANE		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
SOMERSET NJ			
Zip	Country	Zip	Country
08873	SOMERSET		

4. State/Country of Formation: NJ

5. Date Organized or Qualified To Do Business in Florida: 05/24/2002

6. FEI Number: 522111058 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION | State: FL | Zip Code: 33324

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were *not received and requesting* the $100 reinstatement be waived.

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] Arlene Bernal REGISTERED AGENT Assistant Secretary Date: 04/03/08

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
MGR	ERAN BROSHY	200 COTTONTAIL LANE	SOMERSET, NJ 08873
MGR	DAVID BASSIN	200 COTTONTAIL LANE	SOMERSET, NJ 08873
MGR	TERRELL HERRING	200 COTTONTAIL LANE	SOMERSET, NJ 08873
		REINSTATEMENT 06 08	

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 608.408, 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: 4/3/08 Daytime Phone # 732-537-5040

Typed or printed name of signing Managing Member/Manager: David Bassin