PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE CORPORATIONS LIMITED LIABILITY 05 MAR 14 - AM, 9: 17 FLORIDA DEPARTMENT OF STATE COMPANY Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT# M03000000154 1. Limited Liability Company's Name SPERLING ENTERPRISES, LLC 2. Principal Office Address 3. Mailing Office Address 237 WEST 35TH STREET SAME ---State/Country of Formation ~NEW~YORK Sulte, Api. #, ctc. Suite, Apt. #, etc. 4TH FLOOR 5, Date Organized or Qualified 1/15/03 City & State City & State 6. FEI Number 76-0709203 NEW YORK, NEW YORK Not Applicable Country Соцоту 7. CERTIFICATE OF STATUS DESIRED 🗹 10001 U\$A 8. Name and Address of Current Registered Agent MARC SPERLING Street Address (P.O. Box Number is Not Acceptable) 1865 PALM COVE BOULEVARD Suite, Apl, #, Etc. 1 Zip Code **DELRAY BEACH** 33445 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 Replatered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each -Managing Mamber/Manage MARC SPERLING 237 WEST 35TH STREET, 4TH FL. NEW YORK, NEW YORK, 10001 Tight - 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 legst effect as if made under eath. Signature of Managing Member/Manager MARC SPERLING, MANAGING MEMBER Typed or printed name of signing Managing Member/Manager