M05000002038

Florida Department of State
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LIMITED LIABILITY REINSTATEMENT

DYNAMIC MIAMI, LLC

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000002038

1. Limited Liability Company's Name

Dynamic Miami, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
30 Broad Street	
Suite, Apt. #, etc. 36th Floor	Suite, Apt. #, etc.
City & State New York, NY	City & State
Zip 10004 / County USA	Zip / County

4. State/Country of Formation NY

5. Date Organized or Qualified To Do Business in Florida 04/20/2005

6. FEI Number 20-2267378 ☐ 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

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

☐ 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: Doreen Wallace — REGISTERED AGENT MUST SIGN — Doreen Wallace Assistant Vice President — 9/19

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Zackson, Brad	30 Broad Street, 36th FL	New York, NY 10004

REINSTATEMENT 06,07

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: Brad Zackson Date: 9/18/07 Daytime Phone #: 212 248-5230

Typed or printed name of signing Managing Member/Manager: Brad Zackson