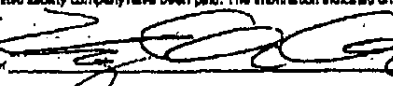


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

08 AUG 11 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M06000004774 1. Limited Liability Company's Name B3 FLJC, LLC			
2. Principal Office Address - No P.O. Box # 220 W Lemon Avenue Suite, Apt. #, etc.		3. Mailing Office Address 220 W Lemon Avenue Suite, Apt. #, etc.	
City & State Arcadia, CA		City & State Arcadia, CA	
Zip 91007	Country USA	Zip 91007	Country USA
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida 8/29/06	
6. FEI Number 205378790		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒ \$5 CD (Additional fee, request for Certificate of Status)			
8. Name and Address of Current Registered Agent Name PARACORP INCORPORATED Street Address (P.O. Box Number is Not Acceptable) 236 East 6th Avenue Suite, Apt. #, Etc. City Tallahassee		State FL Zip Code 21303	
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 _____	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Manager	CHI CHEN WANG	220 W Lemon Avenue	Arcadia, CA 91007
REINSTATEMENT 2007-2009			
		700159463157 08/11/08 01004 016 ***421.25	
11. I certify that I am managing member/manager of 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 		Date _____ Daytime Phone # 626-674-5657	
Typed or printed name of signing Managing Member/Manager Chi Chen Wang, Manager			