FILED
09 AUG 11 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (10/06)

DOCUMENT # M06000004774

1. Limited Liability Company's Name

B3 FLJC, LLC

07

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
220 W Lemon Avenue	220 W Lemon Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Arcadia, CA	City & State: Arcadia, CA
Zip: 91007 County: USA	Zip: 91007 County: 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 ☒ $5.00 additional fee required for certified copy

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

☒ 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 _____ Date _____
REGISTERED AGENT MUST SIGN

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
Manager	CHI CHEN WANG	220 W Lemon Avenue	Arcadia, CA 91007

REINSTATEMENT 2007-2009

700159463157
08/11/09--01004--016 **421.25

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 _____ Date _____ Daytime Phone # 626-674-5657

Typed or printed name of signing Managing Member/Manager: Chi Chen Wang, Manager