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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M12000CC0186.5

1. Limited Liability Company's Name
LD Acquisition Company 5 LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2141 Rosecrans Ave.	P.O. Box 3429
Suite, Apt. #, etc.: Ste 2100	Suite, Apt. #, etc.:
City & State: El Segundo, CA	City & State: El Segundo, CA
Zip: 90245 Country: USA	Zip: 90245 Country: USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number ☐ 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: NRAI, Inc.
Street Address (P.O. Box Number is Not Acceptable): 515 East Park Avenue
Suite, Apt. #, Etc:
City: Tallahassee State: FL Zip Code: 32301

NOV 24 2014
L. SELLERS

REINSTATEMENT 2014

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: _____ Date: 11/18/2014
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
	Jeffrey Knyal, MGRM	2141 Rosecrans Ave #2100	El Segundo, CA 90230
	Keith M. Drucker, MGRM	2141Rosecrans Ave #2100	El Segundo, CA 90230
	George Doyle, MGRM	2141 Rosecrans Ave #2100	El Segundo, CA 90230
	Arthur P. Brazy, Jr., MGRM	2141 Rosecrans Ave #2100	El Segundo, CA 90230
	Daniel E. Rebeor, MGRM	2141 Rosecrans Ave #2100	El Segundo, CA 90230

11. E-mail Address: _____
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: _____ Date: 11/17/2014 Daytime Phone #: 310 294 - 8160

Typed or printed name of signing Authorized Representative/Manager: Jeffrey Knyal

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT
LD ACQUISITION COMPANY 5 LLC

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