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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M12000001868 1. Limited Liability Company's Name LD Acquisition Company 6 LLC			
2. Principal Office Address - No P.O. Box # 2141 Rosecrans Avenue Suite, Apt. #, etc. #2100 City & State El Segundo, CA Zip Country 90245 USA		3. Mailing Office Address P.O. Box 3429 Suite, Apt. #, etc. City & State El Segundo, CA Zip Country 90245 USA	
		4. State/Country of Formation Delaware 5. Date Organized or Qualified To Do Business in Florida 4/3/2012 6. FEI Number 45-2464311 Applied For ☐ Not Applicable ☐ 7. CERTIFICATE OF STATUS DESIRED ☐ \$510 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City State Zip Code Plantation FL 33324		E-mail Address: ncarey@landmarkdividend.com (To be used for future annual report notices)	
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 <u><i>Daniel E. Rebeor</i></u> Date 10/4/2013 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
MGRM	Jeffrey Knyal	2141 Rosecrans Ave, #2100	El Segundo, CA 90245
MGRM	Keith M. Drucker	2141 Rosecrans Ave, #2100	El Segundo, CA 90245
MGRM	George Doyle	2141 Rosecrans Ave, #2100	El Segundo, CA 90245
MGRM	Arthur P. Brazy, Jr.	2141 Rosecrans Ave, #2100	El Segundo, CA 90245
MGRM	Daniel E. Rebeor	2141 Rosecrans Ave, #2100	El Segundo, CA 90245
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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of Managing Member/Manager <u><i>Daniel E. Rebeor</i></u> Date 10/4/2013 Daytime Phone # 305 294-8160 Typed or printed name of signing Managing Member/Manager			

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10/7/2013 10:36:09 From: To: 8506176383

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Division of Corporations
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**LIMITED LIABILITY REINSTATEMENT
LD ACQUISITION COMPANY 6 LLC**

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