

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**LIMITED LIABILITY REINSTATEMENT  
LD ACQUISITION COMPANY 9 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$238.75

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PLEASE READ ALL INSTRUCTIONS BEFORE

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # M12000003460</b> 1. Limited Liability Company's Name <b>LD Acquisition Company 9 LLC</b>			
2. Principal Office Address - No P.O. Box # <b>2141 Rosecrans Avenue</b>		3. Mailing Office Address <b>P.O. Box 3429</b>	
Suite, Apt. #, etc. <b>#2100</b>		Suite, Apt. #, etc.	
City & State <b>El Segundo, CA</b>		City & State <b>El Segundo, CA</b>	
Zip <b>90245</b>	Country <b>USA</b>	Zip <b>90245</b>	Country <b>USA</b>
4. State/Country of Formation <b>Delaware</b>		5. Date Organized or Qualified To Do Business in Florida <b>6/19/2012</b>	
6. FEI Number <b>45-2484311</b>		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		See 03 Articles of Incorporation for a Certificate of Status	
8. Name and Address of Current Registered Agent Name <b>NRAI Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b> Suite, Apt. #, Etc.		E-mail Address:  <b>ncarey@landmarkdividend.com</b> (To be used for future annual report notices)	
City <b>Plantation</b>		State <b>FL</b>	Zip Code <b>33324</b>
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.			
Signature of Registered Agent <i>Nicole Powers</i>		Date <b>10/4/2013</b>	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/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 606, 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 606.408, 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 on 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 <i>Jeffrey Knyal</i>		Date <b>10/4/2013</b>	Daytime Phone # <b>310 294 - 8160</b>
Type or printed name of signing Managing Member/Manager:			

REINSTATEMENT  
CR2E041 (10/11)

2013

OCT -7 2013

L. SELLERS