Lucky Yang 800-770-1332 (03/03) 11/10/2016 01:57:16 PM H16000278399 3

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M16000003027

1 Limited Liability Company's Name
Pure Living Acquisition LLC

2 Principal Office Address - No P.O. Box #	3. Mailing Office Address
2200 Villa Verano Way	2200 Villa Verano Way
Suite Apt # etc	Suite Apt # etc
City & State: Kissimmee, FL	City & State: Kissimmee, FL
Zip: 34744 Country: USA	Zip: 34744 Country: USA

CR2E041 (1/14)

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business In Florida: 04/22/2015

6. FEI Number: 47-3755694 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS ISSUED ☑ [redacted]

8. Name and Address of Current Registered Agent

Name: Capitol Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite:
155 Office Plaza Dr, Ste A

Apt # Etc

City: Tallahassee State: FL Zip Code: 32301

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: Sadi Boyette
REGISTERED AGENT MUST SIGN

Sadi Boyette, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

Date: 11/10/2016

10. Name and Street Address of Authorized Representative/Manager

Title	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative Member	City / State / Zip
Mgr	Stephen S. Maris	13 Sierra Dawn	Santa Fe, NM 87508
Pres	Evan Kirsh	600-3250 Bloor Street West, East Twr	Toronto, Ontario M8X 2X9

REINSTATEMENT
2016

11 E-mail Address: mmcconnell@starlightinvest.com
(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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: E Kirsh Date: 11/10/16 Daytime Phone #: 647-725-0417

Typed or printed name of signing authorized representative/member: Evan Kirsh, President

NOV 10 2016

L BERGER

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000278399 3)))

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (800)345-4647
Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT

PURE LIVING ACQUISITION LLC

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