Kim Tadlock 800-432-3622 (03/03) 11/07/2017 03:41:55 PM H17000294357 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 NOV -7 PM 1:07

DOCUMENT # M16000002316

1. Limited Liability Company's Name
SBS America, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2519 Fairmount Street	1600 Lana Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dallas, TX	City & State: Hollister, CA
Zip: 75201 / Country: USA	Zip: 95023 / Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: March 17, 2016

6. FEI Number: 81-1811404 ☐ 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: Capitol Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite,: 515 E Park Ave., 2nd Floor

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: Kim Tadlock Kim Tadlock, Asst Sect on behalf of Capitol Corporate Services, Inc. Date: 11/7/17

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Jordan Bastable	2519 Fairmount Street	Dallas, TX 75201
MGR	Brooks Burgum	2519 Fairmount Street	Dallas, TX 75201
MGR	William F. Dobbs, III	2519 Fairmount Street	Dallas, TX 75201

11. E-mail Address: bill@sanbenitoshutter.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: Date: 11/6/17 Daytime Phone #: 469-351-3469

Typed or printed name of signing authorized representative/member: Jordan Bastable

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Florida Department of State

Division of Corporations

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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 futur annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT

SBS AMERICA, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$243.75