PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY	FLORIDA DEPARTA Katherine Secretary o	MENT OF STATE Harris	FI SECRETA	LED RY OF STATE CORPORATIONS		
REINSTATEMENT	DIVISION OF COR					
DOCUMENT # M9900000163 1. Limited Liability Company's Name			O2 FEB I	9 PH 3: 55		
Streamine Holdin	aLLC					
1799000000163			4000050512546 -03/06/0201076033			
2. Principal Office Address	3. Mailing Office Address	110001		****200.00 ·	****200.0	IJ
715 N. WAShington	ST 715 N. WA	shing for St	4. State/Country of F	ormation		
Suite, Apt. #, etc. UnitD	Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida			
SACASOTA FL	City & State	FL	6. FEI Number	<u></u>	Applied F	-or
Zip- Gountry-		Country	7.	53 <i>536</i> _ lam	Not Appli	
37237 SArASOTA	<u> 34237 .</u>	SARASOHA	CERTIFICATE OF STA	TUS DESIRED (Cor	6 Certificate of St	enne dimen
Name /	8. Name and Addr	ress of Current Registere	d Agent			
Hrturo	6 vido					
Street Address (P.O. Box Numbervis No	ot Acceptable) Crick Ban	1 Cin	#20/]	
Suite, Apt. #, Etc.		<u> </u>				
City Naples			State F L	Zip Code 34//0		-
9. I, being appointed the registered agent of the abo	ve named limi/ad/liability con/p	an familiar with and a	accept the obligations of	Chapter 608, F.S.		96
Signature of Registered AgentRE	GISTER AGENT MAST SIC	GN	Da	te <u>///5//</u>	22	CR2E041
10. Names and Street Addresses of Managing Men	yers/Mahagers		<u>-</u>	· · · · · · · · · · · · · · · · ·	<u> </u>	
						<u></u>
CEO Arturo Guido (MGRM) 945 CARRICK BULC: 429 Napla FL 34110						
Sec Vatorie Guido (MGRM) 945 Conrick Bullin #201 Naples FL 34110						
				Rein 101).	
				DI 67	5.	
		·		02 60	00	
REINSTATE	MENT 26	0/=20	2a		0.00	_
					np	
11. I certify that I am managing member/manage of filing this reinstatement application the recombod all fees owed by the limited liability combany have as if made under oath.	The receiver of trustee empowed dissolution that been eliminated been formation and	vered to execute this applied, the limited liability compains application is	cation as provided for in any name satisfies the re strue and accurate, and	chapter 608, F.S. I furth equirements of section 60 my signature shall have	ner certify that wh 08,406, F.S., and t the same legal e	en hat ffect
Signature of Manager	/// s.	Date	Daytimę	Phone # 941-9	47-013.	
Digad or printed name of signing Managing Comboy()	Y Acturn	Guida				