Z00324

APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 15 AM 10: 17

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** Z00324

FRIEDCO, L.C.
C/O 200 South Biscayne Blvd.
Suite 4750
Miami, FL 33131

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address
c/o 200 South Biscayne Blvd.
Suite 4750
Miami, FL 33131

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

3. Date Organized or Qualified: 12/20/1990

3a. State of Formation: FL

4. FEI Number: 65-0232378 ☐ Applied For ☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired: $8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

FROST, IRWIN M.
200 SOUTH BISCAYNE BLVD.
SUITE 4750
MIAMI, FL 33131

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City: FL
Zip Code

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: [signature] Date: 12/14/98
REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
M	FRIEDLAND, JACK	~~111 REGATTA DRIVE~~ 186 Spyglass Lane	JUPITER, FL
M	FRIEDLAND, HAROLD	4343 G STREET	PHILADELPHIA, PA
M	COWAN, MARJORIE F.	1615 DIPLOMAT PKWY.	HOLLYWOOD, FL
M	FRIEDLAND, LEONARD	6530 ALLISON RD.	MIAMI BEACH, FL

900002716609--0
-12/18/98--01097--003
****697.50 ****697.50

REINSTATEMENT 1998

I hereby certify that I am managing member manager of 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 608.406, 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.

Signature of Managing Member Manager: [signature] Date: 12/12/98 Daytime Phone: 561-575-9666

Jack Friedland Member