2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000036151 FILED 1. Entity Name MEDITERRANEO DEVELOPMENTS, LLC 08 DEC 16 PH 12: 36 SECRETARY OF STATE. ALLAHASSEE, PLORIDA Principal Place of Business Mailing Address 784 ISLAND WAY 784 ISLAND WAY CLEARWATER, FL 33767 CLEARWATER, FL 33767 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 12032008 REIN-LLC CR2E101 (1/07) Applied For City & State City & State 4. FEI Number 20-2794491 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired П Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HESS, STEPHEN T Street Address (P.O. Box Number is Not Acceptable) 784 ISLAND WAY CLEARWATER, FL 33767 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Sgnature, typed or printed neme of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$238.75 Make check payable to After January 1, 2009, Fee will be \$377.50 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME HESS, STEPHEN T MALIF STREET ADDRESS 784 ISLAND WAY STREET ADDRESS CITY-ST-7P CLEARWATER, FL 33767 CITY-ST-ZIP TITLE Detete TATLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oetete RILE ☐ Addition Change NAME HALAF STREET ADDRESS CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Datete TITLE TITLE Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and account and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to grecule this report as required by Chapter 608, Florida Statutes. 12-9-08 SIGNATURE: SIGNATURE AND TYPED BY PROVIDED NAME OF SIG IG MEMBER, MANAGER, OR ALITHORIZED REPRESENTATIVE