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From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
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LIMITED LIABILITY REINSTATEMENT

244 KEY COLONY NO. 3, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$382.50

C. LEWIS

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EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Limited Liability Company's Name 244 Key Colony No. 3, LLC					
2. Principal Office Address - Not P.O. Box # HSBC House, 68 West Bay Road Suite, Apt. #, etc.		3. Mailing Office Address PO Box 484 Suite, Apt. #, etc.		4. State/County of Formation Florida	
City & State Grand Cayman KY1-1106		City & State Grand Cayman KY1-1106		5. Date Organized or Qualified To Do Business in Florida 17 January 2007	
Zip	Country Cayman Islands	Zip	Country Cayman Islands	6. FRS Number ☐ Applied For ☐ Not Applicable	
8. Name and Address of Current Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, etc.				7. ☒ CERTIFICATE OF STATUS DESIRED ☐ \$500 Additional Fee required for a Certificate of Status	
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 608, F.S. Signature of Registered Agent: <u>Joyce L. Markley</u> as its agent Date: <u>1/22/09</u> REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Member/Managers					
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager		City/State/Zip	
Member	JCK Investments Ltd.	HSBC House, 68 West Bay Road		Grand Cayman, Cayman Islands KY1-1106	
Member	Pabel Investments Ltd.	HSBC House, 68 West Bay Road		Grand Cayman, Cayman Islands KY1-1106	
REINSTATEMENT-08-09					
11. I certify that I am managing member/manager of the respective business 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 terminated, the limited liability company name satisfies the requirements of s.608.405, 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 I made under oath. Signature of Managing Member/Manager: <u>[Signature]</u> Date: <u>19/1/2009</u> Daytime Phone: <u>(345) 949-7755</u> Typed or printed name of signing Managing Member/Manager: JCK INVESTMENTS LTD.					

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