2015 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L14000032990 15 OCT 14 PH 4: 47 LIGHTHOUSE PROPERTY RENTAL SERVICE LLC SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Maiting Address 5539 EASTON GLEN DR. P.O. BOX 6154 TALLAHASSEE, FL 32317 TALLAHASSEE, FL 32314 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10142015 REIN-LLC CR2E101 (12/11) City & State Applied For City & State 4. FEI Number Not Applicable Zip Country 7in Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YU, JIANKUI Street Address (P.O. Box Number is Not Acceptable) 5539 EASTON GLEN DR. TALLAHASSEE, FL 32317 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 Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$238.75 After January 1, 2016, Fee will be \$377.50 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. AMBR TITLE Delete TITLE ☐ Change Addition YU. JIANKUI NAME NAME 800278105550 STREET ADDRESS 5539 EASTON GLEN DR. STREET ADDRESS 10/15/15--01001--025 **238.75 CITY - ST- ZIP TALLAHASSEE, FL 32317 CITY-ST-ZIP AMBR TITLE ☐ Delete TITLE ☐ Change Addition GAO, DONGMEI NAME NAME STREET ADDRESS 5539 EASTON GLEN DR. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32317 CITY-ST-ZIP **AMBR** TITLE ☐ Delete TITLE ☐ Change ☐ Addition SHANG, JINBING NAME NAME STREET ADDRESS 5539 EASTON GLEN DR. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32317 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 accurate 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 execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND EXPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Jack lighthouse a Kotmail Koon

E-MAIL ADDRESS