


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b> 		<b>FLORIDA DEPARTMENT OF STATE</b> Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>M12-2528</b> 1. Limited Liability Company's Name <b>FRETUS INVESTORS ORLANDO LLC</b>			
2. Principal Office Address <b>600 UNIVERSITY ST, STE 2500</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>600 UNIVERSITY ST, STE 2500</b> Suite, Apt. #, etc.	
City & State <b>SEATTLE, WA</b> Zip <b>98101</b> Country <b>USA</b>		4. State/Country of Formation <b>DELAWARE, USA</b>	
City & State <b>SEATTLE, WA</b> Zip <b>98101</b> Country <b>USA</b>		5. Date Organized or Qualified To Do Business in Florida <b>9/24/02</b>	
		6. FEI Number _____ Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			

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B. Name and Address of Current Registered Agent Name <b>CT CORPORATION SYSTEM</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 SOUTH PINE ISLAND ROAD</b> Suite, Apt. #, Etc. City <b>PLANTATION</b>		State <b>FL</b>	Zip Code <b>33324</b>
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8. I, being appointed the registered agent of the above named limited liability company, agree to file with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: *Carrie Bryan* **CARRIE BRYAN** Date: 2/26/04  
**SPECIAL ASSISTANT SECRETARY**  
 REGISTERED AGENT MUST SIGN

10. Names and Street Address of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	FRETUS INVESTORS LLC	600 UNIVERSITY ST, STE 2500	SEATTLE, WA 98105

REINSTATEMENT

03-04

RL

11. I 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 608.409, 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: *Daniel R Baty* Date: 2/13/04 Daytime Phone # (206)728-9063  
 Typed or printed name of signing Managing Member/Manager: **DANIEL R BATY**

Florida Department of State  
Division of Corporations  
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LIMITED LIABILITY REINSTATEMENT

FRETUS INVESTORS ORLANDO LLC

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