

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

10 FEB -5 AM 8:17

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P04000159122

1. Limited Liability Company's Name 2825 SAULS STREET LAND TRUST INC WI-4940

100168106071 02/05/10--01035--002 **150.00

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 1602 BRYAN CAVE RD Suite, Apt. #, etc. City & State South Daytona FL Zip 32119 Country Volusia

3. Mailing Office Address Suite, Apt. #, etc. City & State Same FL Zip Country

4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 11/23/04 6. FEI Number 20-2740842 7. CERTIFICATE OF STATUS DESIRED [] \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent Name LISA L. O'NEAL Street Address (P.O. Box Number is Not Acceptable) 1602 BRYAN CAVE RD City South Daytona State FL Zip Code 32119

[] A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 REGISTERED AGENT MUST SIGN Date

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Includes entry for R. Blaine O'Neal at 1602 BRYAN CAVE RD, South Daytona FL 32119.

REINSTATEMENT

11. E-mail Address: 12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. Signature of Managing Member/Manager R. Blaine O'Neal Date 2/3/10 Daytime Phone (386) 852-5747