PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY Katherine Harris FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **COMPANY** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 01 DEC -3 AM 10: 18 DOCUMENT # See Island Designs L.C 000004717590--6 -12/11/01--01004--014 ****150.00 ****150.00 2. Principal Office Address **7.7.2.5**Suite, Apt. #, etc. 4. State/Country of Formation 5. Date Organized or Qualified City & State Applied For 6. FEI Number SSOO Additional Georgephic fore Certificate of Status 8. Name and Address of Current Registered Agent FORSYth Zip Code 3270 Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Titles 2725 Robert Olian FERNANDINA Ben Mage 11. 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. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, 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. Managing Member/Manager Typed or printed name of signing Managing Member/Manager