L00000003504

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS	FILED 01 NOV 30 PH 2: 31 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L00000003504

1. Limited Liability Company's Name
Stiverson Family Limited Liability Company

9/28/01

2. Principal Office Address	**3.** Mailing Office Address	
812 S.E. 49th AVE.	812 S.E. 49th AVE.	**4.** State/Country of Formation FL/USA
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**5.** Date Organized or Qualified To Do Business in Florida 3/20/00
City & State OCALA, FL	City & State OCALA, FL.	**6.** FEI Number 59-3638473 — Applied For / Not Applicable
Zip 34471 — Country USA	Zip 34471 — Country USA	**7.** CERTIFICATE OF STATUS DESIRED ☑ — $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: SCOTT STIVERSON

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-12/06/01--01012--028
****155.00   ****155.00

Street Address (P.O. Box Number is Not Acceptable): 812 S.E. 49th AVE.

Suite, Apt. #, Etc.

City: OCALA	State FL	Zip Code 34471

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 _[signature]_   REGISTERED AGENT MUST SIGN   Date 11/28/01

CR2E041 (9/00)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MM	SCOTT STIVERSON	812 S.E. 49th AVE.	OCALA, FL 34471
MM	TRINA STIVERSON	812 S.E. 49th AVE.	OCALA, FL 34471
BK	REINSTATEMENT 2001		
		(MK)	

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 filing 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.

Signature of Managing Member/Manager _[signature]_   Date 11/28/01   Daytime Phone # 352·369·8991

Typed or printed name of signing Managing Member/Manager   SCOTT STIVERSON