PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	COMPANY NSTATEMENT Katherine Harris Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF COMPERATIONS 01 DEC 20 PM 4: 15			
DOCUMENT # L 0000000 3736 1. Limited Liability Company's Name OLU SALT, L.C.				, UL-3 -		
2. Principal Office Address 2425 HARDEN BWD	3. Mailing Office Address	2.16 0 0 1 1 ⊨		ntry of Formation		
Suite, Apt. #, etc. # 136	Suite, Apt. #, etc.	5 Date On		anized or Qualified siness in Florida O4 , OO		
City & State LAKE LAND, FL.	City & State CAKELAN	ELAND, FC.		6. FEI Number Applied For \$9-3635836 Not Applicable		
33803 Country U. S. A.	33806	U.S.A.	7. CERTIFICATE	OF STATUS DESIRED SAME A	dillional Fee required Certificate of Status	
8. Name and Address of Current Registered Agent						
Name KEUIN E. CASWELL Street Address (PO. Box Number is Not Acceptable) -01/03/0201047010 -01/03/0201047010 Suite, Apt. #, Etc. ****155.00 ****155.00 City City CAKELAWD FL 3380						
9. I, being appointed the registered agent of the above named limite mability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REGISTIGNER AGENT MUST SIGN						
10. Names and Street Addresses of Managing Members/Managers Titles Name of Street Address of Each						
MEN KEUIN E. CHSWE		Managing Member/Manager 1548 Mockins Bies CN		(MKGCHND, FL. 33801		
MBR. BRUNDON W. CHS	l l	HARDEN BWB +		LAKELAND, PC. 3.		
Rein 100 : REINSTATEMENT 200/ CUS 5						
165.00						
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 of this application is true and accurate, and my signature shall have the same legal effect as if made under oath.						
Signature of Managing Member/Manago Date 16:16:01 Daytime Phone (863) 802 · 1810						
Typed or printed name of signing Managing Mender/Manager KEUIN E. CHS.WELL						