

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 29 PM 1:25

DOCUMENT # L00000004192

1. Limited Liability Company's Name

Vine Place, LLC

2. Principal Office Address

900 Drew Street

Suite, Apt. #, etc.

Suite 1

City & State

Clearwater, FL

Zip

33755

Country

Pinellas

3. Mailing Office Address

900 Drew Street

Suite, Apt. #, etc.

Suite 1

City & State

Clearwater, FL

Zip

33755

Country

Pinellas

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

04/12/2000

6. FEI Number

59-3650491

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

James A. Staack

Street Address (P.O. Box Number is Not Acceptable)

900 Drew Street

Suite, Apt. #, Etc.

Suite 1

City

Clearwater

State
FL

Zip Code

33755

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

Date 04/28/04

REGISTERED AGENT MUST SIGN

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
MGRM	James A. Staack, Esq.	900 Drew Street, Suite 1	Clearwater, FL 33755
MEM	Eva M. Staack	900 Drew Street, Suite 1	Clearwater, FL 33755

REINSTATEMENT

2002-2004

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

Date 04/28/04

Daytime Phone # (727) 441-2635

Typed or printed name of signing Managing Member/Manager James A. Staack

CR2E041 (10/02)