PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 FEB 28 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000006976

1. Limited Liability Company's Name

Stellar LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
625 East University Ave
Suite, Apt. #, etc.

3. Mailing Office Address
(same)
Suite, Apt. #, etc.

City & State: Gainesville
Zip: 32601 Country: USA

City & State: Florida
Zip: 32601 Country:

4. State/Country of Formation
Gainesville Florida

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number
59 3707424
☐ 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: Cornelia Holbrook
Street Address (P.O. Box Number is Not Acceptable): 625 East University Avenue
Suite, Apt. #, Etc.
City: Gainesville Florida
State: FL Zip Code: 32601

100256344101
02/28/14--01042--004 **138.75

100256344101
02/04/14--01012--006 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Cornelia Holbrook Date: 1/29/2014
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Owner MG	Cornelia Holbrook	625 East University Ave	Gainesville, Florida 32601

MAR - 3 2014
L. SELLERS

REINSTATEMENT 2013-2014

11. E-mail Address: gm@sweetwaterinn.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: [signature] Date: _____ Daytime Phone # (352) 317-7782

Typed or printed name of signing Authorized Representative/Manager: _____