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TEL: 314 241 3237

P. 002

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 NOV -1 PM 12:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L00000007157					
1. Limited Liability Company's Name Predacious, LLC					
2. Principal Office Address 530 West 5th Street Suite, Apt. #, etc. #1 City & State Boca Grande, FL Zip 33921		3. Mailing Office Address P.O. Box 1610 Suite, Apt. #, etc. City & State Boca Grande, FL Zip 33921		4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 6/14/00 6. FEI Number 65-1118169 Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒					
8. Name and Address of Current Registered Agent Name David Jones Street Address (P.O. Box Number is Not Acceptable) 530 West 5th Street Suite, Apt. #, Etc. #1 City Boca Grande State FL Zip Code 33921-1610					
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 <i>David M. Jones</i> Date <i>10-19-01</i> REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip		
MGRM	David Jones	530 West 5th Street, #1	Boca Grande, FL 33921		
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 608.408, 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 <i>David M. Jones</i> Date <i>10-19-01</i> Daytime Phone# <i>941-964-1174</i> Typed or printed name of signing Managing Member/Manager David Jones					

CH2004 (2/00)