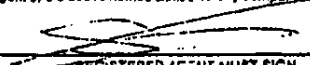
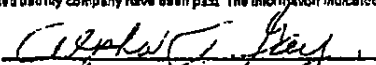


L0000000 8258

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Limited Liability Company's Name CANOPY, LLC L0000000 8258 09			
2. Principal Office Address - No P.O. Box # 709 Standish Drive Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 696 Suite, Apt. #, etc.	
City & State St. Augustine FL Zip 32086		City & State Ponte Vedra Beach, Florida Zip 32004	
Country St. Johns		Country St. Johns	
4. State/Country of Formation:			
5. Date Organized or Qualified To Do Business in Florida 07/12/2000			
6. FEI Number 593658441		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐ 55.03 Additional Fee required for Certificate of Status			
8. Name and Address of Current Registered Agent Name Sonny Martin Street Address (P.O. Box Number is Not Acceptable) 5150 Belford Rd Suite, Apt. #, etc. #420 City Jacksonville State FL Zip Code 32256			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S. Signature of Registered Agent  Date 4/26/10 REGISTERED AGENT MUST SIGN			
10. Name and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ALPHA A GAY, P.O. BOX 672 (563 CANAL RD.), PONTE VEDRA BEACH FL 32004-0672		
100180497251 05/07/10--01001--014 **277.50			
REINSTATEMENT 2009-2010			
11. E-mail Address:			
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 606, 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 04/26/10 Daytime Phone #			
Typo or printed name of signing Managing Member/Manager:			

FILED
 SECRETARY OF CORPORATIONS
 10 APR 29 PM 4:31

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