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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 29 PM 4:31

CR2E041 (11/09)

DOCUMENT #

1. Limited Liability Company's Name
CANOPY, LLC

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2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
709 Standish Drive	P.O. Box 696
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Augustine FL	City & State: Ponte Vedra Beach, Florida
Zip: 32086 Country: St. Johns	Zip: 32004 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 ☐ $5.00 Additional Fee required for a 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

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: 4/26/10
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/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

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REINSTATEMENT 2009-2010

11. E-mail Address: _____ (To receive status notifications)

12. 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: _____ Date: 04/26/10 Daytime Phone #: _____

Typed or printed name of signing Managing Member/Manager: _____