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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 12 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000008826

Name and Mailing Address

400008780544
11/04/02--01058--008 **150.00

400008780544
12/12/02--01106--002 **5.00

0005822 01 FP 0.352 **PRSRT T8 0 0615 34229-925211

MOOSMANN SECURITIES, LLC
311 OSPREY POINT DRIVE
OSPREY FL 34229-9252

CR2E(84 (8/02)

2. New Mailing Address: 544 Vista Grande
City, State, Zip: Newport Beach, California 92660

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 07/25/2000

Principal Place of Business: 311 OSPREY POINT DRIVE, OSPREY FL 34229

3. New Principal Place of Business Address:
City, State, Zip:

6. FEI Number: 65-1028014 — 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
MOOSMANN, ROBERT A
311 OSPREY POINT DRIVE
OSPREY FL 34229

9. Name and Address of New Registered Agent
Name: James O. Fergeson, Jr.
Street Address (P.O. Box Number is Not Acceptable): 1515 Ringling Blvd., Suite 1000
City: Sarasota FL Zip Code: 34236

10. 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: James O. Fergeson Jr. Date: 11/26/02
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
~~MGR~~	~~MOOSMANN, ROBERT A~~	~~311 OSPREY POINT DRIVE~~	~~OSPREY FL 34229~~
MGR	MOOSMANN, ROBERT C	~~311 OSPREY POINT DRIVE~~ 544 VISTA GRANDE	~~OSPREY FL 34229~~ NEWPORT BEACH, CA 92660
MGR	MOOSMANN HIGGINS, MARGARET GAIL	~~311 OSPREY POINT DRIVE~~ 20 W. WEDGEWOOD GLEN	~~OSPREY FL 34229~~ THE WOODLANDS, TX 77381

REINSTATEMENT

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 608.406, 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: [signature] Date: 12/6/02 Daytime Phone #: 949.252.1200

Typed or printed name of signing Managing Member/Manager: Robert C. Moosmann