PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L00000009501

SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN -5 AM 10:06

DOCUMENT # ~~[illegible]~~ 2953 L00000009502

300003472849
12/11/02--01063--006 **150.00

1. Limited Liability Company's Name
WHITING JONES DESIGNS LLC
1766 20th AVE.
VERO BEACH, FL ~~[illegible]~~ 32960

2. Principal Office Address	3. Mailing Office Address
1766 20th AVE	9200 N. FLAGLER DR/ ~~[illegible]~~
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	1204
City & State	City & State
VERO BEACH, FL	WEST PALM BEACH, FL
Zip / Country	Zip / Country
32960	33407

4. State/Country of Formation: FLORIDA
5. Date Organized or Qualified To Do Business in Florida: 8.7.2000
6. FEI Number: 65-108 2166 (Applied For / Not Applicable)
7. CERTIFICATE OF STATUS DESIRED ☑

8. Name and Address of Current Registered Agent
Name: PETER WHITING
Street Address (P.O. Box Number is Not Acceptable): 9200 N. FLAGLER DR
05/08/03--01076--003 **~~[illegible]~~.00
Suite, Apt. #, Etc.: 1204
City: WEST PALM BEACH
State: FL
Zip Code: 33407

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: [signature] REGISTERED AGENT MUST SIGN
Date: 5.7.03

CR2E041 (10/02)

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
MGR	Peter Whiting	9200 N. Flagler Dr., S-1204	West Palm Beach, FL 33407

REINSTATEMENT 2002-2003
Ref 6/ 300003472849
05/22/02--90253--029 **50.00

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 608.406, 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: 5.7.03 Daytime Phone # 561 841 8535

Typed or printed name of signing Managing Member/Manager: PETER WHITING