APPROVED AND FILED

02 JUL 18 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT 01-02

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000010377

1. Limited Liability Company's Name
17 West Pine Street, LLC

REINSTATEMENT 2001 2002

2. Principal Office Address	3. Mailing Office Address
4428 SW 36th St	4428 SW 36th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando FL	City & State: Orlando FL
Zip: 32811 Country: USA	Zip: 32811 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 8.29.2000

6. FEI Number: 59-3668855 ☐ 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: Steven Labret

Street Address (P.O. Box Number is Not Acceptable): 226 Hillcrest St

200006584582--6
-07/23/02--01018--016
****200.00 ****200.00

Suite, Apt. #, Etc.

City: Orlando State: FL Zip Code: 32801

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] Date: July 16, 02

REGISTERED AGENT MUST SIGN

(02E044 (8/01))

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Christopher T. Weising	4428 SW 36th St	Orlando, FL 32811

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: 7.14.02 Daytime Phone #: 407.481.2828

Typed or printed name of signing Managing Member/Manager: Christopher T. Weising