PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 APR -2 AM 10: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000013241

1. Limited Liability Company's Name

Bamboo Willies, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4010 Commons Drive West	
Suite, Apt. #, etc.: Suite 112	Suite, Apt. #, etc.
City & State: Destin, FL	City & State
Zip: 32541 Country: USA	Zip Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 10/27/2000

6. FEI Number: 593678941 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: John W. Hawkins
Street Address (P.O. Box Number is Not Acceptable): Matthews & Hawkins, P.A.
Suite, Apt. #, Etc.: 4475 Legendary Drive
City: Destin State: FL Zip Code: 32541

☑ 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 _____ (REGISTERED AGENT MUST SIGN) Date August 20, 2007

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	Robert L. Fox	4010 Commons Drive West, Suite 112	Destin, FL 32541

500121792355
04/01/08--01021--002 **138.75

REINSTATEMENT
0508
L. SELLERS
APR - 4 2008

EXAMINED

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 _____ Date 09/12/07 Daytime Phone # 850-654-1866

Typed or printed name of signing Managing Member/Manager Robert L. Fox