PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 NOV 28 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # L01000003719

1. Limited Liability Company's Name
PENNINGTON INVESTMENTS, LLC

2. Principal Office Address	3. Mailing Office Address
2358 Riverside Ave.	2358 Riverside Ave.
Suite, Apt. #, etc.: #1205	Suite, Apt. #, etc.: #1205
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32204 Country: USA	Zip: 32204 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 3/9/2001

6. FEI Number: 439887272 ☐ 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: Gresham R. Stonebumer
Street Address (P.O. Box Number is Not Acceptable): 841 Prudential Drive
Suite, Apt. #, Etc.: Suite 1400
City: Jacksonville State: FL Zip Code: 32207

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: 11-17-06
REGISTERED AGENT MUST SIGN

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	Anne G. Meyer	2358 Riverside Ave., #1205	Jacksonville, FL 32204

REINSTATEMENT 2004-2006

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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 608.408, 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: [signature] Date: 11/17/06 Daytime Phone #: 904-387-9476

Typed or printed name of signing Managing Member/Manager: Anne G. Meyer, Managing Member