CON LETING THIS FORM. SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State 04 MAY 27 AM 10: 56 REINSTATEMENT DIVISION OF CORPORATIONS L0100000 3975 DOCUMENT:# 1. Limited Liability Company's Name 100037437121 06/01/04--01020--003 **200.00 CORAL REEF CLEATIONS LLC 4. State/Country of Formation Suite, Apt. #, etc Suite, Apt. #, etc. 5. Date Organized or Qualified To Do Business in Florida 3-12-01 City & State City & State Applied For 65-1087315 Not Applicable Country \$5.00 Additional Fee required CERTIFICATE OF STATUS DESIRED 2824 USA 8. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) 4905 CLAWESNEST CT Suite, Apt. #, Etc. WAO FLORINA Zip Code State J.) 82 Y 9. I, being appointed the registered agent of the above named limited lightlity company, am familiar with and accept the obligations of Chapter 608, F.S. Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Titles City / State / Zip Managing Member/Manager OHlando A 32824 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 filling 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 beven paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect Date 501-04 Daytime Phone# (11)-595-3385 Signature of Managing Member/Manager RONALY Lee SNELL Typed or printed name of signing Managing Member/Manager

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