PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 03 JUN -5 AH 10: 05 DOCUMENT # L01000004912 1. Limited Liability Company's Name SOLID FOUNDATIONS, LLC 2. Principal Office Address 3. Mailing Office Address 5777 BENEVA ROAD SOUTH **5777 BENEVA ROAD SOUTH** 4. State/Country of Formation **FLORIDA** Suite, Apt. #, etc. Suite, Apt. #, etc. Date Organized or Qualified To Do Business in Florida 03/29/01 City & State City & State 6. FEI Number 65-1090183 Applied For SARASOTA, FL SARASOTA, FL Not Applicable Country Zio Country 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required 34233 US 34233 US 8. Name and Address of Current Registered Agent DANIEL L. PREWETT 900020545849 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Zip Code State SARASO 34233 FL 9. 1, being appointed the registered agent of the above named limit d liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/Managers Titles City / State / Zip TIMOTHY KLINE MGR 322 GLENWOOD AVE OSPREY, FL 34229 VISTATEMENT & 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 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

TIMOTHY KLINE

Managing Member/Manager

Typed or printed name of signing Managing Member/Manager