PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 17 AM 9:02

DOCUMENT # L01000005034

1. Limited Liability Company's Name
PAS LANCASTER II PROPERTY LLC

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 6433 Pinecastle Blvd. | SAME |
| Suite, Apt. #, etc.: ste # 14 | Suite, Apt. #, etc. |
| City & State: Orlando, Florida | City & State |
| Zip: 32809 Country: orange | Zip Country |

4. State/Country of Formation: FLORIDA / US

5. Date Organized or Qualified To Do Business in Florida: 4/02/2001

6. FEI Number: 593711066 ☐ 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: PAUL A SKINNER III

Street Address (P.O. Box Number is Not Acceptable): 6433 PINECASTLE BLVD.

Suite, Apt. #, Etc.: STE # 14

City: ORLANDO State: FL Zip Code: 32809

100030713201
03/18/04--01025--001 **150.00

100030713201
03/18/04--01025--002 **50.00

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: Paul A Skinner III Date: 2/16/04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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 |
|---|---|---|---|
| PRES. | PAUL A SKINNER III | 909 JOHNS COVE LANE MGR | OAKLAND / FLORIDA / 34787 |
| V.P. | PAUL A SKINNER JR. | 13043 SUNSHINE CIRCLE MGRM | CLERMONT / FLORIDA / 34711 |
| | | | |
| | | | |
| | | REINSTATEMENT 03-04 dcr | |
| | | | |

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: Paul A Skinner III MGR Date: 2/16/04 Daytime Phone#: 407/859-8822

Typed or printed name of signing Managing Member/Manager: PAUL A SKINNER III MGR