PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. JUA WU-LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE Mar 12, 2003 8:00 A. Secretary of State COMPANY Secretary of State **REINSTATEMENT** DIVISION OF CORPORATIONS 01000005661 DOCUMENT # 1. Limited Liability Company's Name Winter Harbour, LLC 2. Principal Office Address 3. Mailing Office Address State/Country of Formation ; <u>9105 Old St Augustine</u> ď USA FL/ Leon Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified same 4/11/01 To Do Business in Florida City & State City & State Applied For 6. FEI Number Tallahassee, FL 32311 45-0472440 Not Applicable Zip Country Country \$5.00 Additional Fee required CERTIFICATE OF STATUS DESIRED tor a Certificate of Status 8. Name and Address of Current Registered Agent Johnny Petrandis II Street Address (P.O. Box Number is Not Acceptable) 9105 Old St Augustine Rd Suite, Apt. #, Etc. <u>Tallahassee, FL</u> State Zip Code 32311 ed agent state above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. 9. I, being appointed the register 2/27/03 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 MAR 9105 Old St Augustine Rd Tallahassee FL 32311 Johnny Petrandis II all 100013160651 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 reactive 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. Date 2/27/03 Daytime Phone # · Managing Member/Manager

Typed or printed name of signing Managing Member/Manager _

Idid not Receio the Armal Report PCR Winter HAR boup; UC PCR 2002

03 MAR 13 AM 11: 08