PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

C	ED LIAE OMPAN ISTATEN	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			tate		F []		
DOCUMENT # L01000009444 1. Limited Liability Company's Name							E PANT OF STATE HASSEE, FLORIDA		
Stave & Scepter Enterprises, LC									
A Distribution and Allege Affine Affine Address							_	CR2E041 (1/07)	
30520 Rancho Ca. Rd.			30520 Rancho Ca. Rd.			₹d.			
Ŝuite 107-119			Suite 107-119			·	5. Date Organ To Do Busi	nized or Qualifik June 13, 2001	
Temecula, Ca			Temecula, Ca				651115136 Applied For Not Applicable		
92591 Riverside		Riverside	92591		Rive	erside	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent									
Juanita MacKenzie								A \$100 reinstatement fee is imposed, except in circumstances which the entity did not	
3175 Seashell Way						receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.			
Melbourne Beach					State 32951			lement be watved.	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and a Signature of Registered Agent REGISTERED AGENT MUST SIGN							accept the obligations of Chapter 608, F.S. August 14, 2007 Date		
10. Names and Street Addresses of Managing Members/Managers									
Titles	Name of Managers Managers			Street Address of Each Managing Member/Manager				City / State / Zip	
mgrm	m Grant MacKenzie			39350 Black Oak Rd.				Temecula Ca 92592	
mgrm	Bridget MacKenzie			39350 Black Oak Rd.				Temecula Ca 92592	
Į	REIN	STATE	MEN'	F 300	DB 3 8	3007	2011 0972270	0109474222 701046009 **255,00	
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 Managing Member/Manager / District / Walk Signature of Date 8-14-07 Date 8-14-07 Daytime Phone 4									
Tunad or printed name of signing Managing Mamber/Manager Bridget MacKenzie									