

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -2 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200028015102
02/02/04--01063--003 **205.00

DOCUMENT # L 01000012311

1. Limited Liability Company's Name

Melbourne Investments, LLC

2. Principal Office Address

140 3rd Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

950 Humboldt St.

Suite, Apt. #, etc.

City & State

Indianapolis, FL

City & State

Denver, CO

Zip

32903

Country

US

Zip

80218

Country

US

4. State/Country of Formation

Florida, US

5. Date Organized or Qualified
To Do Business in Florida

7-26-2001

6. FEI Number

83-0344520

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

Charles H. Wahlen

Street Address (P.O. Box Number is Not Acceptable)

140 3rd Avenue

Suite, Apt. #, Etc.

City

Indianapolis

State

FL

Zip Code

32903

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1-28-04

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
MGRM	Charles H. Wahlen	140 3rd Avenue	Indianapolis, FL 32903
MGRM	Mitchelle E. Right	140 3rd Avenue	Indianapolis, FL 32903
MGRM	Jerry T. Tepper	140 3rd Avenue	Indianapolis, FL 32903

REINSTATEMENT 2004

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

[Signature]

Date

1-28-04

Daytime Phone #

321-722-2838

Typed or printed name of signing Managing Member/Manager