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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 28 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # L01000016429

1. Limited Liability Company's Name
First Isabella, LLC

9/26/03

2. Principal Office Address	3. Mailing Office Address
3414 Dover Rd.	P.O. Box 579
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach FL	City & State: Pompano Beach FL
Zip: 33062 Country: USA	Zip: 33061 Country: USA

4. State/Country of Formation: Florida / USA
5. Date Organized or Qualified To Do Business in Florida: Nov 2001
6. FEI Number: 01-0553862 ☐ 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: Gary J Milo
Street Address (P.O. Box Number is Not Acceptable): 3414 Dover Rd
Suite, Apt. #, Etc.
City: Pompano Beach State: FL Zip Code: 33062

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] Date: 10/28/2003
REGISTERED AGENT MUST SIGN

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	Gary J MiLo	3414 Dover Rd	Pompano Beach FL 33062

REINSTATEMENT 2003

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: 10/28/03 Daytime Phone #: 561 756 3020

Typed or printed name of signing Managing Member/Manager: GARY J MILO