

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DEPARTMENT OF
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 FEB 24 PM 12: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000016772

Name and Mailing Address

0005323 01 FP 0.352 **PRSRT T6 0 0615 33767-182948



ALBION REAL ESTATE INVESTMENT, LLC
C/O DON HUGGINS
648 SNUG ISLAND
CLEARWATER FL 33767-1829

[illegible]

CR2E084 (8/02)

12. 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

Date _____

Daytime Phone #

Typed or printed name of signing Managing Member/Manager