L01000018663 59068

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV 22 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO 10000 18663

1. Limited Liability Company's Name
Conti L.L.C.

2. Principal Office Address	3. Mailing Office Address
East Bldg No 34/20 Ste 302	1220 N. Market St.
Suite, Apt. #, etc. Cuba Ave + 34th Street	Suite 606
City & State Panama City	City & State Wilm DE
Zip / Country Panama	Zip 19801 / Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 10 . 29 . 2001

6. FEI Number: ☐ 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: Florida Filing + Search Services Inc.

Street Address (P.O. Box Number is Not Acceptable): 1333 North Duvall Street

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32303

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: 11/22/04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
Mgr. Member	Star Group Finance + Holding Inc	Ste. 302, East Bldg. No. 34/20 Cuba Ave & 34th Street Panama 5, Republic of Panama	
	REINSTATEMENT 2004		500042923925

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: 11-19-04 Daytime Phone #: 302 421-5752

Typed or printed name of signing Managing Member/Manager: Sid Garnett

Attorney-In-Fact of Member

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FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
1333 NORTH DUVAL STREET, TALLAHASSEE, FL 32303
PHONE: (800) 435-9371 FAX: (866) 860-8395

DATE: 11-22-04

NAME: CONTI LLC

TYPE OF FILING: REINSTATEMENT

COST: $150

RETURN:

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE