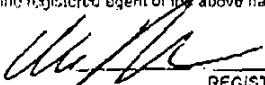
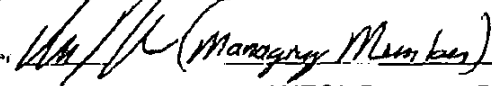


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 DEC 13 PM 2:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L01000018760 1. Limited Liability Company's Name ROSEHILL PROPERTIES LLC			
2. Principal Office Address 17598 ROCKEFELLER CIRCLE Suite, Apt. #, etc. SUITE 201 City & State FORT MYERS Zip 33912		3. Mailing Office Address 17598 ROCKEFELLER CIRCLE Suite, Apt. #, etc. SUITE 201 City & State FORT MYERS Zip 33912	
		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 WESLEY W. MORGAN Street Address (P.O. Box Number is Not Acceptable) 17598 ROCKEFELLER CIRCLE Suite, Apt. #, Etc. SUITE 201 City FORT MYERS State FL			
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  Date 12/12/05 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	WESLEY W. MORGAN	17598 ROCKEFELLER CIRCLE, SUITE 201	FORT MYERS, FL 33912
MGRM	F. MICHELLE MORGAN	17598 ROCKEFELLER CIRCLE, SUITE 201	FORT MYERS, FL 33912
REINSTATEMENT 2002-2005			
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 600.406, 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 12/12/05 Daytime Phone # 941-505-1989 Typed or printed name of signing Managing Member/Manager WESLEY W. MORGAN			