FILED
08 APR -8 AM 10: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

100122546851

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000020561

1. Limited Liability Company's Name

SIESTACO, LLC 05

CR2E041 (12/07)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 2928 104TH STREET | 2928 104TH STREET |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| SUITE 101 | SUITE 101 |
| City & State | City & State |
| URBANDALE, IA | URBANDALE, IA |
| Zip / Country | Zip / Country |
| 50322 | 50322 |

4. State/Country of Formation: FLORIDA, US

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

6. FEI Number: 58-2665406 ☐ 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: MORGAN BENTLEY

Street Address (P.O. Box Number is Not Acceptable): 200 S. ORANGE AVENUE

Suite, Apt. #, Etc.:

City: SARASOTA State: FL Zip Code: 34236

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Morgan R. Bentley Date: 4/7/08

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 | GATES, STEVEN R | 2928 104TH ST., STE 101 | URBANDALE, IA 50322 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 2005-2008

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 608.408, 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: 4/2/08 Daytime Phone #: 515-238-9434

Typed or printed name of signing Managing Member/Manager:

CSC
CORPORATION SERVICE COMPANY

L01000020561

ACCOUNT NO. : 072100000032

REFERENCE : 518375 4352702

AUTHORIZATION : [signature]

COST LIMIT : $ 655.00

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ORDER DATE : April 7, 2008

ORDER TIME : 3:18 PM

ORDER NO. : 518375-005

CUSTOMER NO: 4352702

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FILED
08 APR -8 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
08 APR -8 AM 8:46
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: SIESTACO, LLC

[signature]

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake - Ext# 2959

EXAMINER'S INITIALS _____