L01000021030

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 10 PM 5:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L01000021030

1. Limited Liability Company's Name NOPRAT INVESTMENTS, LLC

MJH

12/18 2002

2. Principal Office Address 4 Broadmoor Road	**3.** Mailing Office Address 4 Broadmoor Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Rotonda West, Florida	City & State Rotonda West, Florida

4. State/Country of Formation
Charlotte County, Florida

5. Date Organized or Qualified
To Do Business In Florida December 6, 2001

| Zip
33947 | Country
Charlotte | Zip
33947 | Country
Charlotte |

6. FEI Number
54-2082645   XX 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
David L. Whigham, Esq.

Street Address (P.O. Box Number is Not Acceptable)
18401 Murdock Circle

1000009582891
12/18/02--01073--001   **190.00

Suite, Apt. #, Etc.

City
Port Charlotte

State **FL**   Zip Code 33948

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 _____
REGISTERED AGENT MUST SIGN

Date 12/9/02

CR2E041 (9/01)

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
Mang. Member	Alfons H. Wieschhorster	4 Broadmoor Road	Rotonda West, Fl. 33947
Mang. Member	Herb Sodel	P. O. Box 869	Boca Grande, Fl. 33921

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 _____   Date 11-14-02   Daytime Phone # 770-560-5005

Typed or printed name of signing Managing Member/Manager Herbert A. Sodel