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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 SEP 26 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000022586

1. Limited Liability Company's Name
LILY PADS LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
80 EAST C-30A	% MARY P. DERCK
Suite, Apt. #, etc.	Suite, Apt. #, etc. 227 WILDERNESS WAY
City & State: GRAYTON BEACH FLA	City & State: GRAYTON BEACH, FLA
Zip: 32459 Country: WALTON	Zip: 32459 Country: WALTON

4. State/Country of Formation: FLORIDA
5. Date Organized or Qualified To Do Business in Florida: 12-27-2001
6. FEI Number: 38-3764508 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 [illegible]

8. Name and Address of Current Registered Agent
Name: MARY P. DERCK
Street Address (P.O. Box Number is Not Acceptable): 227 WILDERNESS WAY
Suite, Apt. #, Etc.
City: GRAYTON BEACH FL State: FL Zip Code: 32459

☑ 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: [signature] REGISTERED AGENT MUST SIGN Date 9/18/07

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	MARY P. DERCK	227 WILDerness WAY	GRAYTON BEACH FL. 32459
			900109047929 09/24/07--01070--001 **105.00
	REINSTATEMENT		
	2006-2007 DB		

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 9/18/07 Daytime Phone # 850 685 2387

Typed or printed name of signing Managing Member/Manager: MARY P. DERCK