PLEASE LALVISTRUCTUS DON COMPLETING THIS FORM.

C	ED LIABILITY COMPANY ISTATEMENT	s	DEPARTMENT OF STATE SECRETARY OF State	73.55	OL MAN	31 PH 5: 56	\$	
4 12 15 1	JMENT # L 0 2 00 Liability Company's Name Lin ling Corpo			E. FLORIDA				
		M	/					
	el Office Address 68 Bayshor Blue 4, etc.	3. Mailing Off 914 Suite, Apt. #, 6	CurlewRd	4. State/Count	try of Form	Rida		
			402	5. Date Organ To Do Busin	ized or Qu	pailfied ,	2002	
7:-	wedin 71.	City & State Du N	edin 71.	6. FEI Numbe		A	Applied For Not Applicable	
340	698 PINELLAS	346	98 PINELLAS	7. CERTIFICATE	OF STATU	S DESIRED 55.00 Addition.	al Fee required ate of Status	
		8. N:	ame and Address of Current Register				J	
	Name SAILY FORWER							
	Name SA-1/y FONNER Street Address (P.O. Box Number Not Acceptable) 126 8 BAY Shore Blod. Suite, Apt. #, Etc.							
	city Dunedin				State FL	Zip Code 3 46 5 8		
9. 1, baing	appointed the registered agent of the abo	ove named limited	l liability company, am familiar with and	accept the obligati				
Signature o Registered	Agent	<u>ラ</u> ュ			Date	3/30/09	<u>//</u> [
10 Nom-	es and Street Addresses of Managing Me	EGISTERED AGE	ENT MUST SIGN		<u> </u>			
Titles	Name of Managing Members/Manag		Street Address of Each Managing Member/ Mana	h ager		City / State / Zip		
MGRM	SheshellsIn	vestm	ruls 12L8 Br	+4 Shr		Dunedin,	<u>'</u>	
ļ	440	-	BINO	0.		F1 340	98	
	HERED IN		2003-20	o4 .	<u> </u>	00315732	26	

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 filling this reinstalement 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 toos 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 Manager Solvy Daytime Phone # 727-734-7340

Typed or printed name of signing Managing Member/Manager Solvy Fonner

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REFERENCE

533653

AUTHORIZATION

COST LIMIT

ORDER DATE: March 30, 2004

ORDER TIME : 10:51 AM

ORDER NO. : 533653-015

CUSTOMER NO: 7427179

CUSTOMER:

Ms. Sally Fonner

Stirling Corporate Services,

914 Curlew Road, #402

Dunedin, FL 34698

DOMESTIC FILINGS

NAME:

STIRLING CORPORATION SERVICES,

LLC

XX	REINSTATEMENT	

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY ' PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS