


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

2005 MAY -2 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L02000002372**

1. Limited Liability Company's Name

Remarkable Concepts, LLC

2. Principal Office Address

2771 Monument Rd

Suite, Apt. #, etc.

#17

City & State

Jacksonville, FL

Zip

32225

Country

Duval

3. Mailing Office Address

1035 Eagle Point Dr

Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip

32092

Country

St Johns

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

01/25/2002

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

Matthew Kramer

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

1035 Eagle Point Dr

Suite, Apt. #, Etc.

City

St Augustine FL

State

FL

Zip Code

32092

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

Matthew Kramer

REGISTERED AGENT MUST SIGN

Date

4/28/05

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
Pres.	Matthew Kramer	1035 Eagle Point Dr	St Augustine FL 32092
CFO	Melissa Kramer	1035 Eagle Point Dr	St Augustine FL 32092

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

Matthew Kramer

Date

4/27/05

Daytime Phone #

904.819.5453

Typed or printed name of signing Managing Member/Manager

Matthew Kramer

CR2E041 (10/02)