PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800024179648
10/27/03--01122--015 **150.00

DOCUMENT # L02000004197

1. Limited Liability Company's Name
Stoneybrook Marketplace, LLC

2. Principal Office Address		3. Mailing Office Address	
37 North Orange Avenue		37 North Orange Avenue	
Suite, Apt. #, etc. 210		Suite, Apt. #, etc 210	
City & State Orlando, Florida		City & State Orlando, Florida	
Zip 32801	Country USA	Zip 32801	Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 2/21/2002

6. FEI Number: 55-0790644 ☐ 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: Michael J. Gasdick

Street Address (P.O. Box Number is Not Acceptable): 37 North Orange Avenue

Suite, Apt. #, Etc.: 210

City: Orlando | State: FL | Zip Code: 32801

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] Date: 10/20/2003

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGR	Pender, Patrick M.B.	K16 Marina Cove; 380 Hiram's Hwy	Sai Kung, Hong Kong

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: 10/22/03 Daytime Phone #: 011-852-2719-9372

Typed or printed name of signing Managing Member/Manager: Patrick M.B. Pender