

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000004197

1. Limited Liability Company's Name

Stoneybrook Marketplace, LLC

2. Principal Office Address

37 North Orange Avenue

Suite, Apt. #, etc.

210

City & State

Orlando, Florida

Zip

32801

Country

USA

3. Mailing Office Address

37 North Orange Avenue

Suite, Apt. #, etc.

210

City & State

Orlando, Florida

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

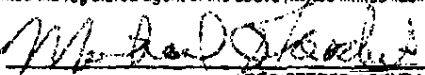
Orlando

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



Date: 10/20/2003

REGISTERED AGENT MUST SIGN

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

Date 10/22/03

Daytime Phone # 011-852-2719-9372

Typed or printed name of signing Managing Member/Manager

Patrick M.B. Pender

FILED

03 OCT 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800024179648

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

CR02041 (10/02)