


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
2004 FEB 25 PM 2:01

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000004809.

1. Limited Liability Company's Name

REES, LLC

2. Principal Office Address
PO Box 2120

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip 33731

Country
USA

3. Mailing Office Address
PO Box 2120

Suite, Apt. #, etc.

City & State

St. Petersburg, Fl

Zip 33731

Country
USA

4. State/Country of Formation
Florida, USA

**5. Date Organized or Qualified
To Do Business in Florida** 02/28/2002

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

R. H. Allison

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

2301 1st Avenue South

Suite, Apt. #, Etc.

City

St. Petersburg.

State
FL

Zip Code

33712

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**

REGISTERED AGENT MUST SIGN

Date 2/17/04

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
Manager	R. H. Allison	2301 1st Avenue South	St. Petersburg, FL 33712

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**

Manager

Date 2/17/04

Daytime Phone # (727) 321-4200

Typed or printed name of signing Managing Member/Manager

R. H. Allison

CR2E041 (10/02)