PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY — FLORIDA DEPARTMENT OF STATE

L02000007406

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 10 PM 1:38

DOCUMENT # L02000007406

1. Limited Liability Company's Name

INSTONE OF FLORIDA, L.L.C.

200027711502
03/12/04--01017--001 **50.00

01/28/04 01022 009 **155.00

2. Principal Office Address	3. Mailing Office Address
5410 NW 33RD AVE #102	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. LAUDERDALE FL	City & State
Zip: 33309 Country: U.S.	Zip Country

4. State/Country of Formation: FLORIDA / U.S.

5. Date Organized or Qualified To Do Business in Florida: 2/02

6. FEI Number: 33-0998225 ☐ 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: KURT THIEMER

Street Address (P.O. Box Number is Not Acceptable): 3457 NW 44TH ST

Suite, Apt. #, Etc.: 205

City: FT. LAUDERDALE State: FL Zip Code: 33309

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: K. T. Date: 3/10/04

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	KURT THIEMER	3457 NW 44TH ST #205	FT. LAUDERDALE FL 33309
		REINSTATEMENT	2003-2004
			cert 3/10

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: K. T. Date: 3/10/04 Daytime Phone #: 954-383-2257

Typed or printed name of signing Managing Member/Manager: _____