

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

DOCUMENT # L02000007721

1. Limited Liability Company's Name

Southern Comfort, L.L.C.

03 DEC 12 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600025454026
12/12/03--01013--026 **150.00

2. Principal Office Address

1 Harborside Drive

Suite, Apt. #, etc.

E2707

City & State

Delray Beach, FL.

Zip

33483

Country

Palm Beach

3. Mailing Office Address

1901 S. Ocean Blvd.

Suite, Apt. #, etc.

Suite 117

City & State

Delray Beach, FL

Zip

33483

Country

Palm Beach

4. State/Country of Formation

Florida/ Palm Beach

5. Date Organized or Qualified
To Do Business in Florida

04/01/2002

6. FEI Number

01 0656258

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

Katherine Willoughby

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

1901 S. Ocean Blvd.

Suite, Apt. #, Etc.

Suite 117

City

Delray Beach

State

FL

Zip Code

33483

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

Katherine Willoughby

REGISTERED AGENT MUST SIGN

Date Dec. 8, 2003

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	Katherine Willoughby	1901 S. Ocean Blvd. Suite 117	Delray Beach, FL. 33483
MGR	Luis Vela	6968 N.W. Cardinal Drive	Corvallis. OR.97330
MGR	David A. Willoughby	12 Milton Place	Norwalk, CT. 06853

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

Katherine Willoughby

Date 12-08-2003

Daytime Phone# 954 684-1456

Typed or printed name of signing Managing Member/Manager

Katherine Willoughby

CR20041 (10/02)