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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 JUL 22 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02 0000 1023 1

1. Limited Liability Company's Name
SANDALGROVE, LLC

CR2E041 (3/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4020 Philmont Drive	4020 Philmont Drive
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Marietta, Georgia	City & State: Marietta, Georgia
Zip: 30066 / Country: USA	Zip: 30066 / Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: April 29, 2002

6. FEI Number: 01-0717812 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

700275332427

8. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable) Suite:
1201 Hays Street

Apt. #, Etc.

City: Tallahassee | State: FL | Zip Code: 32301-2525

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Courtney Williams Asst. Vice President — Date: 07.22.15
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Mgr	Star Storey	4020 Philmont Drive	Marietta, Georgia 30066
Mgr	Jacqueline Henmi	4530 McPherson Avenue	Saint Louis, Missouri 63108
Mgr	Richard Lommel	2451 Executive Drive, Suite 205	St. Charles, Missouri 63303

11. E-mail Address: star_storey@yahoo.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: Star Storey Date: 7-22-15 Daytime Phone #: 704-491-5717

Typed or printed name of signing authorized representative/member: Star Storey, Manager

RE 7/22/15

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 719411 4337582

AUTHORIZATION :

COST LIMIT : $ 377.50

ORDER DATE : July 22, 2015

ORDER TIME : 3:49 PM

ORDER NO. : 719411-005

CUSTOMER NO: 4337582

RECEIVED
15 JUL 22 PM 4:16
NO ACKNOWLEDGMENT SUFFICIENCY OF FILING

DOMESTIC FILINGS

NAME: SANDALGROVE, LLC

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____