PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 JAN 26 AM 10:35

CR2E041 (10/08)

DOCUMENT # L02000010464

1. Limited Liability Company's Name
INTERSTITIAL ENTERPRISES, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1526 University Blvd W.	1526 University Blvd W
Suite, Apt. #, etc. Suite 205	Suite, Apt. #, etc. Suite 205
City & State Jacksonville FL	City & State Jacksonville FL
Zip 32217 Country U.S.A.	Zip 32217 Country U.S.A.

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida 04/30/2002

6. FEI Number 26-3961320 ☐ 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: JOHN C NORRIS
Street Address (P.O. Box Number is Not Acceptable): 1526 University Blvd W.
Suite, Apt. #, Etc.: Suite 205
City: Jacksonville State: FL Zip Code: 32217

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: JnC Norris — Date: 1/9/2009
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
MGRM	John C. Norris	1526 University Blvd W. Suite 205	Jacksonville FL 32217
:			400140059834 02/11/09--01005--004 **133.75
:			400140059834 01/08/09--01036--007 **837.50
	REINSTATEMENT 03-09 JBM		

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: JnC Norris — Date: 1-9-09 — Daytime Phone #: 904-608-2707

Typed or printed name of signing Managing Member/Manager: John C. Norris

971.25