PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # L02000D16124 1. Limited Labelity Company's Name SAVVY Holding Company's LLC 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address South April # 1. State Country of Formation Florida USA South April # etc. South April # etc. City & State City & State City & State Country 32757
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 3018 Castelli Blvd 5. Suite. Apt. #, etc. 5. Suite. Apt. #, etc. 5. Date Organized of Qualified To Do Business in Florida 6/26/02 City & State Mount Dora FL Mount Dora FL To Do Business in Florida 6/26/02 To Do Business in Florida 6/26/02 G. FEI Number 16-16/17930 And Applied For 16-16/17930 Not Applied For 16-16/17930
2. Principal Office Address - No P O. Box # 3 Mailing Office Address \$30 8 Castelli Blv & 30 8 Castelli Blv & 30 8 Castelli Blv & 5. Date Organized of Qualified To be Business in Florida 6/26/02 City & State Mount Dora, FL Mount Dora, FL Gountry 32757 USA 7-CERTIFICATE OF STATUS DESIRED 55.00 Additional Feo required for a Certificate of Status Desired for a Certificate of Status Desired for a Certificate of Status Desired for a Certificate of Status State Robert M. DIAS Street Address (P.O. Box Number is Not Acceptable) 30 8 Castelli Blv & 5. Date Organized of Qualified To be Business in Florida 6/26/02 6. FEI Number 16-16/7920 Not Applicable 7-CERTIFICATE OF STATUS DESIRED 55.00 Additional Feo required for a Certificate of Status Street Address (P.O. Box Number is Not Acceptable) 30 8 State 2 2 2 2 2 2 2 2 2 2
3018 CASTELLI BIVD 3018 CASTELLI BIVD 4. State/Country of Formation Flor ID USA 5. Date Organized of Qualified 5. Date Organized Organize
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State MOUNT DORA FL TO DO Business in Florida 6/26/02 Applied For Not Applicable 16-16/17930 T. CERTIFICATE OF STATUS DESIRED S500 Additional Fee required for a Certificate of Status 8. Name and Address of Current Registered Agent Name Robert M. DIAS Street Address (P.O. Box Number is Not Acceptable) 3018 CASTElli Blv D State Zip Code FL 32757 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 Managing Members/Managers Titles Managing Members/Managers Street Address of Each Managing Members/Managers Street Address of Each Managing Members/Managers Street Address of Each Managing Members/Managers MOUNT DOFA, FL 32757 MORR Robert M. DIAS 3018 CASTElli Blvd Mount DofA, FL 32757
City & State Mount Dora, FL Zip Country 32757 Country USA Registered Agent Suite, Apt. #, Etc. City & State City & State FL Zip Country 32757 Country USA Registered Agent Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Mount Dora State FL Zip Code Registered Agent FL Zip Code FL Zip Code FL Zip Code FL Zip Code Registered Agent A
Zip 32757 Country 32757 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. City Mount DorA FL 32757 Signature of Registered Agent Country 32757 Certificate of Status 55.00 Additional Fee required for a Contificate of Status 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. State Zip Code FL 32757 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. City / State / Zip Date 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Now of North Pora, FL 32757 MGR Robert M. DIAS 3018 Castelli Blul Mount Dora, FL 32757
8. Name and Address of Current Registered Agent Name Robert M. DIAS Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Mount Dora 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 Titles Name of Managing Members/Managers Name of Managing Members/Managers 3018 Castelli Blvl CERTIFICATE OF STATUS DESIRED To a Cortificate of Status To cartifying the prior notices 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. State Zip Code FL 32757 Date 5 State Signature of Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Name of Managing Members/Managers Titles Name of Managing Members/Managers 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. Strate Zip Code FL 32757 Date 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Managers
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Signature of Registered Agent DIGG REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles Name of Managing Members/Managers Street Address of Each Managing Members/Manager City / State / Zip MGR Robert M. DIAS 3018 CASTELLI Blvd Mount Dora, FL 32757
Registered Agent Date Date Date Date Date Date Date Dat
10. Names and Street Addresses of Managing Members/Managers Titles Name of Managing Members/ Managers Street Address of Each Managing Members/ Manager City / State / Zip MGR Robert M. DIAS 3018 Castelli Blvd Mount Dora, FL 32757
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REINSTATEMENTOS, OX
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 filling 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