


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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5/11/08
 08 JUN 12 PM 3:24
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # L02000016124

1. Limited Liability Company's Name

Savvy Holding Company, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 3018 Castelli Blvd Suite, Apt. #, etc.		3. Mailing Office Address 3018 Castelli Blvd Suite, Apt. #, etc.	
City & State Mount Dora, FL		City & State Mount Dora, FL	
Zip 32757	Country USA	Zip 32757	Country USA

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida 6/26/02	
6. FEI Number 16-1617930	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 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 Blvd			
Suite, Apt. #, Etc.			
City Mount Dora	State FL	Zip Code 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.

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 Robert M. Dias Date 5-29-08
 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
MGR	Robert M. Dias	3018 Castelli Blvd	Mount Dora, FL 32757

300130689423
 06/03/08--01029--017 **\$55.00
 REINSTATEMENT 05, 08

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 Robert M. Dias Date 5-29-08 Daytime Phone # 352-383-2303
 Typed or printed name of signing Managing Member/Manager Robert M. Dias