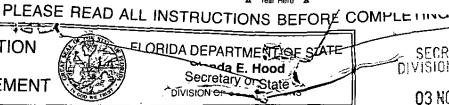
APPLICATION FOR REINSTATEMENT



ELORIDA DEPARTMENT OF S da E. Hood Secretary of State

DIVISION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

03 NOV 10 AM 10: 52

- DOCUMENT # L02000018529

Name and Mailing Address

0012644 01 AT 0.292 **AUTO T6 0 0615 33462-475320 tulleelleelelikisseleleleliseleleleleliselleelelikeeselli SPOONBILL PARTNERS III, LLC 20 SPOONBILL ROAD MANALAPAN FL 33462-4753



2. New Mailing Address			4. State/Country of Formation FL			
City, State, Zip			5. Date Organized or Qual To Do Business in Florid	ified la	CH25/25/25/20/2	
Principal Place of Business 20-SPOONBILL ROAD	3. New Principal Place of Business Address		6. FEI Number		Applied For Not Applicable	
MANALAPAN FL 33462	City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Currer		Name and Address of New Registered Agent				
SCHAIN, RONALD D 2699 STIRLING ROAD STE B206 FORT LAUDERDALE FL 33312	; <u>i</u>	Name Street Address (P.O. Box Number is Not A 10/24/03-01(=	*150.00 zip Code	
10. I, being appointed the registered agent of the bove named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Date REGISTERED AGENT MUST SIGN						
11. Names and Street Addresses of Each Managing Member/Manager						
Title(s) Name of Managing Members/Managers	Name of Managing Street Address of Ear Members/Managers Managing Member/Man			h Ger City / State / Zip		
ros EThan Wel	tz 20 s	Dow Sill	RJ MO	Watapar	33462	
					23407	
		Pamera. Design			3	
12. 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 in 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 to make the same legal effect as if made under oath. Signature of Managing Member/Manage Date Daytime Phone # Typed or printed name of signing Managing Member/Manager						