PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION FOR REINSTATEMENT | FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS | FILED

04 JAN -9 PM 12: 47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA |

1. **DOCUMENT #**   L02000018747

Name and Mailing Address

0009665 01 AT 0.292 **AUTO   T5 3 0615 33637-580808
||..||..||..||....||.|...|.|.|.|.||.|..|.|.||..|..|.|.|.|
STONECLIFF HOLDINGS, LLC
8408 TEMPLE TERRACE HIGHWAY
TEMPLE TERRACE FL 33637-5808

CR2E084 (7/03)

2. New Mailing Address	4. State/Country of Formation FL
City, State, Zip	5. Date Organized or Qualified To Do Business in Florida 07/24/2002

Principal Place of Business 8408 TEMPLE TERRACE HIGHWAY TEMPLE TERRACE FL 33637	3. New Principal Place of Business Address	6. FEI Number 51-0417264	Applied For
	City, State, Zip		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	9. Name and Address of New Registered Agent
MCINTOSH, ANDREW L C/O PIPER RUDNICK LLP 101 EAST KENNEDY BOULEVARD STE. 2000 TAMPA FL 33602	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

10. 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 ___SIGNATURE REQUIRED___   Date ___January 6/04___
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
M/M	Donald Walstead	8408 Temple Terrace Highway	Temple Terrace, FL 33637

800026610098
01/09/04--01062--010 **200.00

REINSTATEMENT 03-04

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 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/Manage ___SIGNATURE REQUIRED Mgr___   Date 1-5-04   Daytime Phone # 813-989-9663

Typed or printed name of signing Managing Member/Manager ___