PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
CORPORATION

L02000020763

FILED

1. DOCUMENT # L02000020763

Name and Mailing Address

04 JAN -5 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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918 SOUTH ORANGE, LLC
918 SOUTH ORANGE AVENUE
ORLANDO FL 32806-1273

CR2E034 (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: 08/14/2002
Principal Place of Business: 918 SOUTH ORANGE AVENUE ORLANDO FL 32806	3. New Principal Place of Business Address / City, State, Zip
	6. FEI Number: 11-3656101 ☐ 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	9. Name and Address of New Registered Agent
WATERS, PAUL W 918 SOUTH ORANGE AVENUE ORLANDO FL 32806	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: Paul W Waters SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN

Date: 11/20/03

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
Pres	LAWRENCE M. Rutledge	918 S ORANGE AV	Orlando Fl 32806
Sec	Paul W Waters	918 S. ORANGE AV	Orlando Fl 32806

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11/24/03--01048--008 **150.00

2003
M THOMAS

REINSTATEMENT

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/Manager: Paul W Waters SIGNATURE REQUIRED Date: 11/20/03 Daytime Phone: 407-855-7081

Typed or printed name of signing Managing Member/Manager: Paul W Waters