PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10: 13

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # L0 2000022204

1. Limited Liability Company's Name

FBNE, LLC

2. Principal Office Address	**3.** Mailing Office Address
11806 Quail Village Way	9130 Galleria CT # 306
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 306
City & State: Naples Fla	City & State: Naples Fl
Zip: 34119 Country: USA	Zip: 34109 Country: USA

4. State/Country of Formation: Florida / Collier

5. Date Organized or Qualified To Do Business in Florida: 8/28/02

6. FEI Number: 04-3709960 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee

8. Name and Address of Current Registered Agent

Name: REG A Buxton

Street Address (P.O. Box Number is Not Acceptable): 11806 Quail Village WAY

Suite, Apt. #, Etc.:

City: Naples | State: FL | Zip Code: 34119

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: Reg A Buxton Date: 9/18/06

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
MGRM	Reg A Buxton	11806 Quail Village Way	Naples Fl 34119

700080270737
09/18/06--01055--014 **205.00

REINSTATEMENT 05-06

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: Reg A Buxton Date: 9/18/06 Daytime Phone #: 239-5720051

Typed or printed name of signing Managing Member/Manager: Reg A Buxton