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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPART... Secretary... DIVISION OF...

L02000026888

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 11 PM 2:08

1. DOCUMENT # L02000026888

Name and Mailing Address

0006349 01 AT 0.292 **AUTO T5 0 0615 33143-326010

THE WRITING SPRING LLC
6610 SW 71 LANE
MIAMI FL 33143-3260

LR 08/27/04

REINSTATEMENT 2003-2004

| 2. New Mailing Address | 4. State/Country of Formation: FL |
|---|---|
| City, State, Zip | 5. Date Organized or Qualified To Do Business in Florida: 10/11/2002 |
| Principal Place of Business: 6610 SW 71 LANE, MIAMI FL 33143 | 3. New Principal Place of Business Address / City, State, Zip |
| | 6. FEI Number: 42-1556804 ☐ Applied For ☐ Not Applicable |
| | 7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status |

CR2E034 (7/03)

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| KRAMER & RASSNER, P.A.<br>770 NORTH KENDALL DRIVE STE. 510<br>MIAMI FL 33156 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 8/6/04

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 |
|---|---|---|---|
| MM MGRM | Elizabeth A. Barry | 6610 S.W. 71 Lane | Miami FL 33143 |
| | | | |
| | | | 200040082622 08/11/04--01014--001 **200.00 |
| | | | |
| | REINSTATEMENT | 2003-2004 | |
| | | | |

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 Elizabeth A. Barry Date 8-5-04 Daytime Phone # 305-665-7261

Typed or printed name of signing Managing Member/Manager Elizabeth A. Barry