L02000031692

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To:
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Fax Number : (850)205-0383

From:
Account Name : THE STRATEGIC COUNSEL, L.C.
Account Number : I20040000092
Phone : (813)286-1700
Fax Number : (813)286-3600

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LIMITED LIABILITY REINSTATEMENT

UBU, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$200.00

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000031692.

1. Limited Liability Company's Name
UBU, LLC

2. Principal Office Address	3. Mailing Office Address
4951 W. Bay Way Dr.	4951 W. Bay Way Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33629 Country: US	Zip: 33629 Country: US

4. State/Country of Formation: Florida / U.S.
5. Date Organized or Qualified To Do Business in Florida: 11/20/2002
6. FEI Number: ☑ 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

Name: Mary Karl
Street Address (P.O. Box Number is Not Acceptable): 4951 W. Bay Way Drive
Suite, Apt. #, Etc.:
City: Tampa State: FL Zip Code: 33629.

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: Mary C. Karl Date: Aug 20. 2004
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGR	Richard Karl	4951 W. Bay Way Drive	Tampa, FL 33629
MgrM	Mary Karl	4951 W. Bay Way Drive	Tampa, FL 33629

DOCUMENT CONTROL 03-04

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 608.405, 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: Richard Karl Date: Aug 20 /04 Daytime Phone # 813-207-8921

Typed or printed name of signing Managing Member/Manager: Richard Karl