PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State 04 JUL 19 PM 1:36 REINSTATEMENT DIVISION OF CORPORATIONS SEGGTTARY OF STATE TALLAHABBLE FLORIBA **Q**20000329 DOCUMENT # (1. Limited Liability Company's Name Rijh 100 BOX 2836 176 W. WMSden State/Country of Formation Suite, Apt, #, etc. FloridA 5. Date Organized or Qualified Suite 101 To Do Business in Florida City & State Applied For 6. FEI Number Drandon *Ia*ln'co 3-19 Not Applicable \$5.00 Additional Fee required CERTIFICATE OF STATUS DESIRED u-s-A usA for a Certificate of Status 8. Name and Address of Current Registered Agent 00 FL CR2E041 (10/02) 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 MUST SIGN Registered Agent 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/Managers Titles City / State / Zip Dover, FIA. 33527 5420 DURGAT Rd 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 filling 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

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Typed or printed name of signing Managing Member/Manager