PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 18 AM 11:34

DOCUMENT # L02000033056

1. Limited Liability Company's Name

WINDEMERE PARTNERS, L.L.C.

CR2E041 (8/05)

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 215 BALLYSHANNON ST | 215 BALLYSHANNON ST |
| Suite, Apt. #, etc.: C-501 | Suite, Apt. #, etc.: C-501 |
| City & State: MELBOURNE BEACH, FL | City & State: MELBOURNE BEACH, FL. |
| Zip: 32951 Country: BREVARD | Zip: 32951 Country: BREVARD |

4. State/Country of Formation: FLORIDA / BREVARD

5. Date Organized or Qualified To Do Business in Florida: 12-10-2002

6. FEI Number: 55-0817523 ☐ 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: WILLIAM F. GRAY, JR

Street Address (P.O. Box Number is Not Acceptable): 215 BALLYSHANNON STREET

Suite, Apt. #, Etc.: C-501

City: MELBOURNE BEACH | State: FL | Zip Code: 32951

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: William F. Gray Jr. Date: 7-14-06

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 | WILLIAM F. GRAY, JR | 215 BALLYSHANNON ST. C-501 | MELB. BCH, FL 32951 |
| MGRM | ROBERTA STORTS-GRAY | 215 BALLYSHANNON ST C-501 | MELB. BCH. FL 32951 |
| MGRM | MARY T. VOLDNESS | 469 ORIOLE | INDIALANTIC FL 32903 |
| | | 500079233235 08/01/06--01051--019 **50.00 | |
| | | | |
| | | | |

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: William F. Gray, Jr. Date: 7-14-06 Daytime Phone #: 321-953-5422

Typed or printed name of signing Managing Member/Manager: _____