

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000002920

1. Limited Liability Company's Name

Sparrow Mountain One, LLC

2. Principal Office Address - No P.O. Box #

6436 E Normandie Circle

Suite, Apt. #, etc.

City & State

Orange, CA

Zip

92869

Country

USA

3. Mailing Office Address

6436 E Normandie Circle

Suite, Apt. #, etc.

City & State

Orange, CA

Zip

92869

Country

USA

8. Name and Address of Current Registered Agent

UCC Filing & Search Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

1574 Village Square Blvd

Suite, Apt. #, Etc.

Ste 100

City

Tallahassee

State

FL

Zip Code

32309

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

01/24/2003

6. FEI Number

51-0443446

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

SPA240

REGISTERED AGENT MUST SIGN

Date 6/14/07

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	Denis A Kitayama	6436 E Normandie Cir	Orange, CA
mgr	Barbara J. Kitayama	Orange, CA 92869	92869

REINSTATEMENT

2004-2007

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

Barbara Jean Kitayama

Date 6-13-07

Daytime Phone (714) 538-3240

Typed or printed name of signing Managing Member/Manager

Barbara Jean Kitayama

FILED

07 JUN 14 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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