PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 SEP 16 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

100059729621

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # L03000006319

1. Limited Liability Company's Name
13350 Levy Street, LLC

2. Principal Office Address	3. Mailing Office Address
620 Southard St.	620 Southard St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key West, FL	City & State: Key West, FL
Zip: 33040-6838 Country: USA	Zip: 33040-6838 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 2/20/2003

6. FEI Number: 58-2676517 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑

8. Name and Address of Current Registered Agent

Name: A.G.C. Co.
Street Address (P.O. Box Number is Not Acceptable): 200 S. Orange Ave.
Suite, Apt. #, Etc.: Suite 2300
City: Orlando State: FL Zip Code: 32801

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: A. Thomas Bood, Vice President Date: 9/15/05
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr.	Irwin Epstein	620 Southard St.	Key West, FL 33040-6838

REINSTATEMENT 2004-2005

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 608.408, 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: [signature] Date: 9-14-05 Daytime Phone #: 303-321-8700

Typed or printed name of signing Managing Member/Manager: Irwin Epstein, Manager

CORPORATION SERVICE COMPANY

L03000006319

ACCOUNT NO. : 072100000032

REFERENCE : 600924 4329479

AUTHORIZATION Patricia Pizzuto

COST LIMIT : $ 205.00

ORDER DATE : September 16, 2005

ORDER TIME : 2:40 PM

ORDER NO. : 600924-025

CUSTOMER NO: 4329479

CUSTOMER: Ms. Laurie Bergstresser
Baker & Hostetler Llp
Suite 2300, Suntrust Center
200 South Orange Avenue
Orlando, FL 32801

FILED
05 SEP 16 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 SEP 16 PM 4:14
DIVISION OF CORPORATIONS
STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: 13350 LEVY STREET, LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext# 2935

EXAMINER'S INITIALS _____