PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE 09 FEB -3 AM 18: 20 **COMPANY** Secretary of State DIVISION OF CORPORATIONS REINSTATEMENT DOCUMENT # LO300016347 1. Limited Liability Company's Name SPULETO LL CR2E041 (10/08) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 48 INDIAN BOWN DA 48 INDIAN BALL M 4. State/Country of Formation FLORIDA Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified 5-6-03 To Du Business in Florida City & State 6. FEI Number DESTON, FL
Country DETIV, FL. Not Applicable CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status 32541 8. Name and Address of Current Registered Agent A \$100 reinstatement fee is imposed, except SEGNO RALPH D in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable) receive the prior notices. By checking this box, you are certifying the prior notices were Suite, Apt. #, Etc. not received and requesting, the \$100 reinstatement be waived. Zip Code 3254/ 9. I, being appointed the registered agent of the above named timited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Date /- 30-09 Signature of Registered Agent 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/ Managers City / State / Zip RALDA D. SEENO DESTINTU 32541 mil.C. 48 honor BRYOVOL - 800142709898 02/03/09--01011--026 **4; REINSTATEMEN 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. Mber/Manager RALPH D. SEGNO Daytime Phone # 830.368 6839 Signature of Managing Member/Manager Typed or printed name of signing Managing Member/Manager