11/06/2007 12:00 FAX 002/002

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 NOV -6 A 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # L03000016486

1. Limited Liability Company's Name

MARE BUILDING COMPANY, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
110 DAVINCI DR.	P.O. BOX 1375
	Suite, Apt. #, etc.
City & State	City & State
NOKOMIS, FL	OSPREY, FL
34275 / Country: USA	Zip: 34229 / Country: USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 5/7/03

6. FEI Number: 56-2386727 ☐ 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: T&H COMPTROLLERS, INC.

Street Address (P.O. Box Number not Acceptable): 200 CAPRI ISLES BOULEVARD

Suite, Apt. #, Etc.: SUITE 2

City: VENICE | State: FL | Zip Code: 34292

☐ 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: [signature] REGISTERED AGENT MUST SIGN — Date: 10/31/2007

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	ALAN JAMES	110 DAVINCI DR.	NOKOMIS, FL 34275

REINSTATEMENT 06-07

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 upon 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 reflected 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: 10/31/07 Daytime Phone #: 941-321-3175

Typed or printed name of signing Managing Member/Manager: Alan James

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Florida Department of State

Division of Corporations
Public Access System

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2nd Request

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LIMITED LIABILITY REINSTATEMENT

MARE BUILDING COMPANY, LLC

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