
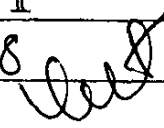


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																								
FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 SEP 30 PM 1:21																										
DOCUMENT # 1. Limited Liability Company's Name <div style="font-size: 1.2em; margin-top: 10px;"> L03000021486 Two Stars Too, LLC 1208-44065 </div>																										
2. Principal Office Address - No P.O. Box # 1633 Periwinkle Way E Suite, Apt. #, etc. E City & State Sanibel, FL Zip Country 33957 US	3. Mailing Office Address Same Suite, Apt. #/etc. City & State ✓ Zip Country	<div style="font-size: 1.2em; margin-bottom: 10px;"> 09/19/08 010416 006 \$138.75 </div> 4. State/Country of Formation 5. Date Organized or Qualified To Do Business in Florida 2003 6. FEI Number 14 18F 176 Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status																								
8. Name and Address of Current Registered Agent Name Carol Simontacchi Street Address (P.O. Box Number is Not Acceptable) 13270 Corbel Circle Suite, Apt. #, Etc. 1721 City State Zip Code Ft Myers FL 33907																										
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 <u>Carol Simontacchi</u> Date <u>9/17/08</u> REGISTERED AGENT MUST SIGN																										
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>mgrm</td> <td>Carol Simontacchi</td> <td>13270 Corbel Circle #1721</td> <td>Ft. Myers, FL 33907</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	mgrm	Carol Simontacchi	13270 Corbel Circle #1721	Ft. Myers, FL 33907																
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<div style="font-size: 2em; margin-bottom: 10px;">REINSTATEMENT</div> <div style="font-size: 1.5em; margin-bottom: 10px;">07-08</div> 																										
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 <u>Carol Simontacchi</u> Date <u>9/17/08</u> Daytime Phone # <u>239 472 4499</u> Typed or printed name of signing Managing Member/Manager <u>Carol Simontacchi</u>																										