PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAR 10 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700170130647
02/22/10--01008--014 **277.50

CR2E041 (11/09)

DOCUMENT # L03000028600

1. Limited Liability Company's Name

1420 PETRONIA STREET, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1442 Kennedy Dr.	1442 Kennedy Dr.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: KEY WEST, FL	City & State: KEY WEST, FL
Zip: 33040 Country: USA	Zip: 33040 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 08-04-2003

6. FEI Number: 200127014 ☐ 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: CURTIS A. SKOMP

Street Address (P.O. Box Number is Not Acceptable): 1442 KENNEDY DR.

Suite, Apt. #, Etc.: —

City: KEY WEST State: FL Zip Code: 33040

☑ 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.

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02/10/10--01002--003 **138.75

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] Manager Date: 2/18/10
REGISTERED AGENT MUST SIGN

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	SKOMP INVESTMENTS, LLC 1419 PETRONIA ST. KEY WEST	S. HAWKES MAR 11 2010 EXAMINER	S. HAWKES MAR 9 2010 EXAMINER

REINSTATEMENT
2008-10

11. E-mail Address: CSkomp@aol.com
(To be used for future annual report notifications)

12. 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: [signature] Manager Date: 2/18/10 Daytime Phone #: 305.292.7441

Typed or printed name of signing Managing Member/Manager

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2010

1420 PETRONIA STREET, LLC
1442 KENNEDY DR
KEY WEST, FL 33040

SUBJECT: 1420 PETRONIA STREET, LLC
Ref. Number: L03000028600

We have received your document for 1420 PETRONIA STREET, LLC and your check(s) totaling $277.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: $100.00 reinstatement fee; $138.75 filing fee per year for the years 2008 through 2010;and $5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is $138.75.

The document must contain the name, title, and business address of each managing member or manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 910A00004641