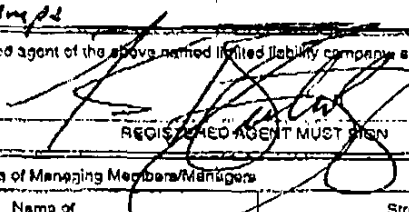
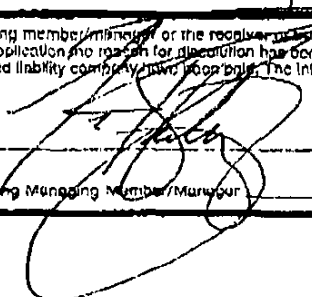


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 203000030048			
1. Limited Liability Company's Name LYFORD SIMMS, LLC			
2. Principal Office Address 2202 N. West Shore Blvd.		3. Mailing Office Address Same	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State	
Zip 33607	Country USA	Zip	Country
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 8/11/2003	
6. FEI Number 56-2384403		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 Kirk D. Eicholtz			
Street Address (P.O. Box Number is Not Acceptable) 2202 North West Shore Blvd.			
Suite, Apt. #, Etc. Suite 200			
City Tampa		State FL	Zip Code 33607
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.			
Signature of Registered Agent 		Date 4/7/2005	
10. Name and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
Managing Member	Kirk D. Eicholtz	2202 N. West Shore Blvd., Suite 200 Tampa, FL 33607	Tampa, FL 33607
REINSTATEMENT 2004-2005			
		600050821976	
		04/15/05-01007-021 **200.00	
11. I certify that I am managing member/manager or the registered agent empowered to execute this application as provided for in chapter 606, F.S. I further certify that when filing this reinstatement application no reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 606.406, 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 		Date 4-7-2005 Daytime Phone # 813-639-7583	
Typed or printed name of signing Managing Member/Manager			