PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR -7 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000030048

1. Limited Liability Company's Name
LYFORD SIMMS, LLC

04

2. Principal Office Address	3. Mailing Office Address
2202 N. Westshore Blvd.	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 Westshore 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 608, F.S.

Signature of Registered Agent _____ Date 4/7/2005
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
Managing Member	Kirk D. Eicholtz	2202 N. Westshore Blvd., Suite 200 Tampa, FL 33607	Tampa, FL 33607

REINSTATEMENT 2004-2005

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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 608.408, 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 _____