PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State 07 JAN 12 AM 9: 21 REINSTATEMENT DIVISION OF CORPORATIONS 30000 32128 DOCUMENT # Henry Plantagenet, LLC CR2E041 (8/05) 2. Principal Office Address 3. Mailing Office Address 225 Doris Drive State/Country of Formation Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified To Do Business in Florida 8/26/2003 City & State City & State 41-2223459 Applied For Lakeland, FL Not Applicable Zip Country \$5.00 Additional Fee required for a Certificate of Status 33813 USA CERTIFICATE OF STATUS DESIRED 8. Name and Address of Current Registered Agent Phillip Asher Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Ľäkelang 33813 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 Signature of Registered Agent EGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/Managers City / State / Zip MM Phillip Asher 225 Doris Drive Lakeland, FL 33813 nno85030265 11. I certify that I am managing member/manager or the receiver or tustee 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

Typed or printed name of signing Managing Member/Manage