PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 OCT -5 AM 10:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

10/5

DOCUMENT # L03000035150

1. Limited Liability Company's Name
WINKLER HOLDINGS III, LLC

2. Principal Office Address	3. Mailing Office Address
9200 BAY HARBOR TERR.	
Suite, Apt. #, etc.: 5-B	Suite, Apt. #, etc.:
City & State: BAY HARBOR ISLAND, FL	City & State:
Zip: 33154 / Country: USA	Zip: / Country:

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 09/16/03

6. FEI Number: 80-0076603 ☐ 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: HANK THOMAS

Street Address (P.O. Box Number is Not Acceptable): 9200 BAY HARBOR TERRACE

Suite, Apt. #, Etc.: SUITE 5-B

City: BAY HARBOR ISLAND | State: FL | Zip Code: 33254

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] REGISTERED AGENT MUST SIGN HANK THOMAS Date: 10/5/04

CR2E041 (10/02)

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
MGMR	HANK THOMAS	9200 BAY HARBOR TERRACE #5-B	BAY HARBOR ISLAND, FL 33154
		REINSTATEMENT 2004	

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: [signature] Date: 10/5/04 Daytime Phone #: 561 368 9900

Typed or printed name of signing Managing Member/Manager: HANK THOMAS MANAGER/MEMBER

(2)

Florida Department of State

Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : CARTER & THOMAS LLP
Account Number : I20040000002
Phone : (561)368-9900
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LIMITED LIABILITY REINSTATEMENT

WINKLER HOLDINGS III, LLC

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