PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT SECRETARY OF STATE SECRETARY OF STATE DOCUMENT # 1. Unrised Liability Company's Number DOCUMENT # 1. Unrised Liability Company's Number of D				-		
ALEX AND ER INVESTMENTS, L.L.C. 100155458161 05/08/09-01021-015 **#685.00 CREEN (1008) 2. Principal Office Address - No P.O. Box # 1559 HEIGHTS COURT Suite, Apt. #, etc. Suite, Apt. #, etc. Cry & State MARCO TSLAND FORDER B. Name and Address of Current Registered Agent Name ULCHAEL D, ALEXANDER Suite, Apt. #, Etc. Cry & State MARCO TSLAND FORDER Name ULCHAEL D, ALEXANDER Suite, Apt. #, Etc. Cry MARCO TSLAND FL 3445 9. 1. Desirg appointed the negistered agent of the algore remed limited liability company, and familiar with and accept the obligations of Chapter 608, F.S. Signature of Managing Member in Managins Tillus Name of Managing Member in Managins Name of Managing Member in Managins 11. Lority Intel am managing member/manager of the accept or tracks empowered to exacute this application is true and accurate, and my signature shall have been eliminated, the limited liability company name particular, as a provided for included on the same large field in the result for the result for the result of the signore remed limited liability company, and familiar with and accept the obligations of Chapter 608, F.S. Name of Managing Member in Managins Tillus Name of Managing Member in Managins Name of Managing Member in Managins MCHAEL D, ALEXANDER ISS9 HEIGHTS COURT HARCO TSLAND FLA, 34/185 MGRM ELIZABETH A, ALEXANDER ISS9 HEIGHTS COURT HARCO TSLAND FLA, 34/185 REINSTAFF Member in the included on the application in the and accurate, and my signature shall have the same legic effect of the result of the limited liability company name satisface for included on the application in the and accurate, and my signature shall have the same legic effect of the managing of the monaging of the managing of the managing of the same legic effect of the managing of the managing of the same legic effect of the managing of the managing of the managing	COMPANY Secretary of State					
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2. Principal Office Address - No P.O. Box # 1559 HEIGHTS COURT 1559 HEIGHTS COURT 4. State/Country of Formation FLO R I DPA U.S.A Sulfe, Apt. #, etc. Sulfe, Apt. #	ALEXANDER INVESTMENTS, L.L.O.					
Sulle, Apt. 8, etc. Sulle, Ap	2. Principal Office Address - No P.O. Box #	3. Mailing Office	Address	1	CR2E041 (10/08)	
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Apriled For North Applied For	City & State				iness in Florida 10/03/2003	
8. Name and Address of Current Registered Agent Name 1. CHAEL D. ALEXANDER Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City MARCO TSLAND Street Address of Managing Member/Managers Titles Managing Members/Managers Titles Name of Managing Members/Managers Managing Members/Managers 1. Locitity 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 filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608, 68, F.S. and that all fleet overly the initial displicy company name satisfies the requirements of section 608, 68, F.S. and that all fleet overly the limited liability company name satisfies the requirements of section 608, 68, F.S. and that all fleet overly the limited liability company name satisfies the requirements of section 608, 68, F.S. and that all fleet overly the limited liability company name satisfies the requirements of section 608, 68, F.S. and that all fleet overly the limited liability company name satisfies the requirements of section 608, 68, F.S. and that all fleet overly the limited liability company name satisfies the requirements of section 608, 68, F.S. and that all fleet overly the limited liability company name satisfies the requirements of section 608, 68, F.S. and that all fleet overly the limited liability company name satisfies the requirements of section 608, 68, F.S. and that all fleet overly the limited liability company name satisfies the requirements of section 608, 68, F.S. and that all fleet overly the limited liability company name satisfies the requirements of section 608, 68, F.S. and that all fleet overly the limited liability company name satisfies the requirements of section 608, 68, F.S. and that all fleet overly the limited liability company name satisfies the requir	MARCO ISLAND, FLORIDA MARCO ISLAND, FLORID			6. FEI Number Applied For		
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Suite, Apt. #, Etc. Suite, Apt. #, Apt.		XMVDEI	<u> </u>	in circumstances which the entity did not receive the prior notices. By checking this		
Signature of Registered Agent Managing Members/Managers Titles Managing Members/Managers MARCO TSLAND State Zip Code 34/45 9. 1. 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 PSLAND REGISTERED AGENT MUST SIGN Date Quil 27, 2009 10. Names and Street Addresses of Managing Members/Managers Titles Managing Members/Managers Name of Managing Members/Manager City / State / Zip MGRM MICHAEL D. ALEXANDER ISS9 HEIGHTS COURT MARCO ISLAND FIA, 34/1/5 MGRM ELIZABETH A, ALEXANDER ISS9 HEIGHTS COURT MARCO TSLAND FIA, 34/1/5 REINSTATEMENT 11. Identify 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 filling this mindratement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of accidion 608,406, F.S., and the reason for dissolution has been eliminated, the limited liability company names satisfies the requirements of accidion 608,606, F.S., and the reason for dissolution has been eliminated, the limited liability company names satisfies the requirements of accidion 608,606, F.S., and the reason for dissolution has been eliminated. The limited liability company names satisfies the requirements of accidion 608,606, F.S., and the reason for dissolution has been eliminated. The limited liability company name satisfies the requirements of accidion 608,606, F.S., and the reason for dissolution has been eliminated. The limited liability company name satisfies the requirements of accidion 608,606, F.S., and the reason for dissolution has been eliminated. The limited liability company name satisfies the requirements of accidion 608,606, F.S., and the reason for dissolution has been eliminated. The limited liability company name satisfies the requirements of accidion 608,606, F.S., and the reason for dissolution		COURT				
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Signature of Registered Agent				Tenistatement be walved.		
Registered Agent Name of Street Address of Each Managing Members/Manager Name of Street Address of Each Managing Members/Manager Registered Agent Name of Street Address of Each Managing Members/Manager City / State / Zip MARCO ISLAND FIA, 34//45 MARCO ISLAND FIA, 34//45 REINSTATEMENT 1559 HEIGHTS COURT MARCO ISLAND FIA, 34//45 REINSTATEMENT 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 flining 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 Marco Island FIA, 34//45 MAR	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.					
Name of Managing Members/Managers Street Address of Each Managing Members/Manager						
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Typed or printed name of signing Managing Member/Manager MICHAEL D ALEXANDER		Dale	MANGOW Date Opt	1/27,20	9aytime Phone # 248-302-4236	
	Typed or printed name of signing Managing Member/M	Manager <u>M</u> [C	<i>'</i> .	•		