PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED LIMITED LIABILITY 🏂 FLORIDA DEPARTMENT OF STATE 10 MAR -3 AM 7: 52 COMPANY Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** SEUNETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # 1.03 0000400 40 1. Limited Liability Company's Name ANE WEST 4-6 100169135751 02/26/10-01041--029 **138.75 CR2E041 (11/09) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 301 E. PIVE STREET 4. State/Country of Formation SENTANA HOUSE HOTEL Suite, Apt. #. etc Suite, Apt #, etc FLURIDA USA. 5. Date Organized or Qualified 1400 SUVIE CLANE To Do Business in Florida 10/20/2003 City & State City & State 6. FEI Number Applied For ORLANDO FLORIDA CELBRIDGE (- KILDARE 200-123656 Not Applicable Country Zip Country \$5.00 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 32801 IRELAND. しらる 8. Name and Address of Current Registered Agent Name A \$100 reinstatement fee is imposed, except CAVIN SANDELLS in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable) receive the prior notices. By checking this TO == 335 N. HVKO RIDGEWOOD box, you are certifying the prior notices were Suite, Apt #, Etc. not received and requesting the \$100 reinstatement be waived. City Zip Code State ORLANDO FL 2803 9. I, being appointed the registered agent of the above named timited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of 1/20 2010 Registered Agent REGISTERED AGENT MUST SIGN Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Member/Manager Titles City / State / Zip SENTANA HOUSE HOTEL. MGRM WEELVANEY CLANE RD, CELBRIDGE, CKILDARE CELBRIDGE, C' KILDAGE IRELAND REINSTATEMENT 08-10 11. E-mail Address: Property Carl Egnal Con (To be used for future annual report notifications).

12. 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 Date 01/20/10 Daytime Phone # 404 -840 - 2743 Managing Member/Manager

Typed or printed name of signing Managing Member/Manage