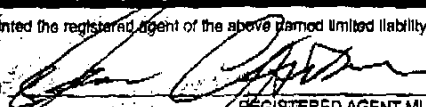


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 08 JAN 10 PM 1:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L03000044321					
1. Limited Liability Company's Name SYMPLE Services, LLC					
2. Principal Office Address - No P.O. Box # 6404 DARTMOUTH RD Suite, Apt. #, etc.		3. Mailing Office Address 6404 DARTMOUTH RD Suite, Apt. #, etc.		4. State/Country of Formation	
City & State LAKELAND FL		City & State LAKELAND FL		5. Date Organized or Qualified To Do Business In Florida 11-13-2003	
Zip 33809	Country	Zip 33809	Country	6. FEI Number 200388368	Applied For Not Applicable
8. Name and Address of Current Registered Agent Name ELEN CLATON Street Address (P.O. Box Number is Not Acceptable) 6404 DARTMOUTH RD Suite, Apt. #, Etc. City LAKELAND FL				7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a Certificate of Status ☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
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 11-12-07 REGISTERED AGENT MUST SIGN					
10. Name and Street Addresses of Managing Members/Managers					
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
MANAGER	ELEN CLATON	6404 DARTMOUTH RD		LAKELAND FL 33809	
REINSTATEMENT					
06-08-08 01/08/08- 01015-009- \$200.00 12/17/07- 01003- 012- \$150.00					
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:  Date 11-12-07 Daytime Phone # 863-398-6006 Typed or printed name of signing Managing Member/Manager:					