


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2004 DEC 29 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L03000046358**

1. Limited Liability Company's Name

**B. R. Pusser & Co., LLC**

2. Principal Office Address

**447 Corey Ave.**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**St. Pete Beach, Fla.**

City & State

Zip

**33706**

Country

**USA**

Zip

Country

4. State/Country of Formation

**Florida**

5. Date Organized or Qualified  
To Do Business in Florida

**11/20/03**

6. FEI Number

**20-1736336**

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

**Property Owners of St. Petersburg, Inc**

Street Address (P.O. Box Number is Not Acceptable)

**447 Corey Ave**

Suite, Apt. #, Etc.

City

**St. Pete Beach**

State

**FL**

Zip Code

**33706**

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

**Property Owners of St. Petersburg, Inc.**  
**by [Signature]**

Date

**12/20/04**

REGISTERED AGENT MUST SIGN

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
Mgr.	Brian R. Pusser	24 Downview Chatham, Kent	United Kingdom ME5 0AP

**REINSTATEMENT 04**

**900043706249**  
**12/29/04--01046--003 \*\*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

**[Signature]**

Date

**12/20/04**

Daytime Phone #

**727 8663319**

Typed or printed name of signing Managing Member/Manager

**Brian Robert Pusser**