Apr 20, 2004 8:00 am Secretary of State PLEASE READ ALL INSTRUCTIONS BEFORE CON FLORIDA DEPARTMENT OF STATE 04-20-2004 90181 026 ****50.00 COMPANY Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # LO 30000 48767 24049375 1. Limited Liability Company's Name Redeye Investments, LLC * New address 3. Mailing Office Address 2 Principal Office Address CR 1096 7591 State/Country of Formation Date Organized or Qualified To Do Business in Florida City & State City & State Applied For Lady Lake, th Not Applicable \$5.00 Additional Fee required USA CERTIFICATE OF STATUS DESIRED 8. Name and Address of Current Registered Agent Civey David Street Address (P.O. Box Number is Not Acceptable) ٠: ن Suite, Apt. #, Etc. 52 Zip Code 32/59 State Anthorau Contra 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. 3-2-04 Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/Managers Titles City / State / Zip 1591 CR 1096 MG-R Lake, FL32159 7591 CR 1096 the currence of the continues of the party of the party of 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 filling 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 _ Typed or printed name of signing Managing Member/Manager

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