2004 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE

2004 NOV 23 PM 2: 21 **DOCUMENT # L03000050765** 1. Entity Name CREATIVE CERAMICS, LLC SECRETARY OF STATE TALLAHASSEE; FLORIDA Principal Place of Business Mailing Address 901 SOUTH THIRD ST 901 SOUTH THIRD ST FORT PIERCE, FL 34950 FORT PIERCE, FL 34950 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. 11052004 CR2E101 (6/04) Applied For City & State City & State 4. FEI Number Not Applicable 03-0532346 Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Andrew J. Hochstetter KRATZ, D. BRUCE ESQ Street Address (P.O. Box Number is Not Acceptable) JECK HARRIS & JONES LLP 1061 EAST INDIANTOWN RD, STE 400 JUPITER, FL 33477 72 S. River Rd Zip Code 34996-6428 City Stuart 8. The above na entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept Andrew J. Hochstetter, Mgr. SIGNATURE Make check payable to FILE NOWIII FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE Delete TITLE ☐ Change X Addition Mgr NAME NAME Gregory Hochstetter STREET ADDRESS STREET ADDRESS 18988 SE Windward Island Ln. CITY-ST-ZIP CITY-ST-ZIP Jupiter, FL 33458 Delete TITI F TITLE ☐ Change Addition Merm Andrew Hochstetter NAME NAME STREET ADDRESS STREET ADDRESS 72 S. River Rd. CITY-ST-ZIP CITY-ST-ZIP Stuart, FL 34996-6428 TITLE ☐ Delete Addition NAME NAME Mark Matusick STREET ADDRESS STREET ADDRESS 1613 Jeaga Dr. CITY-ST-7IP CITY-ST-ZIP Jupiter, FL 33458 ☐ Delete TITLE ☐ Change ★ Addition TITLE Treasurer NAME NAME Robert V. Klopfer STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2178 Johnstown Rd. NE CITY-ST-ZIP OH 44622 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME 400042955454 STREET ADDRESS STREET ADDRESS 11/23/04--01028--007 **155.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete IIILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Andrew_J. Hochstetter, Mgr.

FILED