PLEASE READ ALL INSTRUCTUS BEFORE COMPLETING THIS FORM. 1 June 1 LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE 05 MAY -5 ATT 10: 32 **COMPANY** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAUMSSEE FLORIDA L03000053110 DOCUMENT # FLORIDANA BEACH PROPERTIES, L.L.G. 2. Principal Office Address 4. State/Country of Formation ORIGA Date Organized or Qualified To Do Business in Florida City & State City & State 6. FEI Number \$5.00 Additional Fee required for a Certificate of Status 8. Name and Address of Current Registered Agent 21983 Suite, Apt. #, Etc. State 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. Date 3-20-05 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 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. Date 3-20-0 5 Daytime Phone # 386-752-7344 Manasing Member/Manage

Typed or printed name of signing Managing Member/Manager