PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L03000055487

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT -4 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/11/04

DOCUMENT # L03000055487

1. Limited Liability Company's Name

PRECIOUS PEOPLE LLC

REINSTATEMENT 2004

2. Principal Office Address	**3.** Mailing Office Address
4750 37TH. ST. N.	4750 37TH. ST. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. PETERSBURG, FL	City & State: ST. PETERSBURG, FL
Zip: 33714 / Country: USA	Zip: 33714 / Country: USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida 12/23/2003

6. FEI Number 20-0521054 — 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: JACK ARRINGTON

Street Address (P.O. Box Number is Not Acceptable): 4750 37TH STREET NORTH

Suite, Apt. #, Etc.:

City: ST. PETERSBURG — State: FL — Zip Code: 33714

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 X Jack Arrington — Date 10/5/2004

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGRM	JACK ARRINGTON	4750 37th. St. N	ST. PETE., FL 33714
MGR	KATHY ARRINGTON	4750 37th. St. N	ST. PETE., FL 33714
MGR	TIMOTHY J. ARRINGTON	4750 37th. St. N.	ST. PETE., FL 33714
REINSTATEMENT	2004	600041646816 10/06/04--01040--001 **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 X Jack Arrington — Date 10/5/2004 — Daytime Phone # 727-527-8800

Typed or printed name of signing Managing Member/Manager JACK ARRINGTON, MGRM