

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 OCT -9 AM 10:02

DOCUMENT # LO400000456

1. Limited Liability Company's Name

TERRASCAPE LLC.

2. Principal Office Address

KEVIN SCHNEIDER  
Suite, Apt. #, etc.  
3735 NUS 1 A-6

City & State  
Melbourne FL

Zip 32935 Country USA

3. Mailing Office Address

KEVIN SCHNEIDER  
Suite, Apt. #, etc.  
3735 NUS 1 A-6

City & State  
Melbourne FL

Zip 32935 Country USA

CR2E041 (8/05)

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified  
To Do Business in Florida

1/11/2004

6. FEI Number

16-1774384

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 KEVIN SCHNEIDER

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

3735 NUS 1 A-6

Suite, Apt. #, Etc.

Apt A6

City Melbourne

State  
FL

Zip Code  
32935

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

Kevin Schneider

REGISTERED AGENT MUST SIGN

Date 10/4/06

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
<u>CEO</u>	<u>Kevin Schneider</u>	<u>3735 NUS 1 A-6</u>	<u>Melbourne FL 32935</u>

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

Kevin Schneider

Date 10/4/06

Daytime Phone # 321 626 2655

Typed or printed name of signing Managing Member/Manager

KEVIN SCHNEIDER