LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC 30 AM 10: 49

DOCUMENT # L04000006592

1. Limited Liability Company's Name

PSALM 35, LLC

CR2E041 (8/05)

2. Principal Office Address 389 Maya St.	**3.** Mailing Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 01/26/04

City & State Lake Mary, Fl	City & State	

6. FEI Number 20-0553484   ☐ Applied For   ☐ Not Applicable

Zip 32746	Country Seminole	Zip	Country

7. CERTIFICATE OF STATUS DESIRED ☐   **$5.00 Additional Fee required for a Certificate of Status**

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8. Name and Address of Current Registered Agent

Name
Jennifer A. Renner

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

Suite, Apt. #, Etc.

City Lake Mary	State FL	Zip Code 32746

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 _____   REGISTERED AGENT MUST SIGN   Date 12/29/05

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	Jennifer A. Renner	389 Maya St.	Lake Mary, Fl 32746
MGRM	Jane Goff	389 Maya St.	Lake Mary, Fl 32746
			700064058917
			01/13/06--01027--016 **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 _Jane Goff_   Date 12/29/05   Daytime Phone # 407-733-8921

Typed or printed name of signing Managing Member/Manager Jane Goff