PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
10 DEC 30 AM 10:46
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000007631

1. Limited Liability Company's Name

MONTESQUIEU FLORIDA, LLC

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12/30/10--01005--012 **387.50

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
550 West C Street	Same as No. 2
Suite, Apt. #, etc: Suite 1700	Suite, Apt. #, etc
City & State: San Diego, CA	City & State
Zip: 92101-3568 Country: US	Zip Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 2-1-2004

6. FEI Number: 20-0742778 ☐ 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: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive

Suite, Apt. #, Etc.: Suite 4

City: Weston State: FL Zip Code: 33331

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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: Katie Wonsch, Asst. Sec. Date: 12/30/2010
REGISTERED AGENT MUST SIGN

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
Manager	Montesquieu LLC	8221 Arjons Drive, Suite F	San Diego, CA 92126

REINSTATEMENT 2009-2010

11. E-mail Address: bill5@pwcpas.com
(To be used for future annual report notification)

12. 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 upon 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 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: _____ Date: 12-27-2010 Daytime Phone #: 877-705-5669

Typed or printed name of signing Managing Member/Manager: Montesquieu LLC Manager, by Frank Kryger, Chief Financial Officer