L04000032403

FILED
09 APR 23 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000032403

1. Limited Liability Company's Name
Mountain Brook, LLC

07

CR2E041 (12/07)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 136 Dars Lane | 136 Dars Lane |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Tuckasegee, North Carolina | City & State: Tuckasegee, North Carolina |
| Zip: 28783 Country: USA | Zip: 28783 Country: USA |

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: April 28, 2004

6. FEI Number: 55-0866401 ☐ 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: Richard Worth

Street Address (P.O. Box Number is Not Acceptable): 19883 Vintage Trace Circle

Suite, Apt. #, Etc.

City: Fort Myers State: FL Zip Code: 33912

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: [signature] Date: Apr. 22 07

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 |
|---|---|---|---|
| Mgr. | Richard Worth | 19883 Vintage Trace Circle | Fort Myers, Florida 33912 |
| | | | |
| | | | 900152169989 |
| | REINSTATEMENT | 2007-2009 | |
| | | | |
| | | | |

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 608.405, 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: [signature] Date: 4/22/09 Daytime Phone #: 828-293-5453

Typed or printed name of signing Managing Member/Manager

CORPORATION SERVICE COMPANY

L04000032403

ACCOUNT NO. : I20000000195

REFERENCE : 969821 4321551

AUTHORIZATION :

COST LIMIT : $ 516.25

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ORDER DATE : April 23, 2009

ORDER TIME : 2:58 PM

ORDER NO. : 969821-005

CUSTOMER NO: 4321551

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RECEIVED
09 APR 23 PM 4:16
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: MOUNTAIN BROOK, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - Ext# 2949

EXAMINER'S INITIALS

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