

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

15 JAN 16 PM 4:50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L04000035273

1. Limited Liability Company's Name Santedo Investments, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 9 PALMVIEW BLVD Suite, Apt. #, etc. City & State FT MYERS BEACH, FL. Zip 33931 Country USA

4. State/Country of Formation Florida / LEE County 5. Date Organized or Qualified To Do Business in Florida 5/10/04 6. FEI Number 201123095 Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED [X] \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent Name Louis J. Santoro Street Address (P.O. Box Number is Not Acceptable) 9 PALMVIEW BLVD. Suite, Apt. #, Etc. FT. MYERS BEACH, FL. City FT MYERS BEACH State FL Zip Code 33931

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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 605, F.S. Signature of Registered Agent [Signature] Date 1/14/15 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers Table with columns: Titles, Name of Authorized Representatives/Managers, Street Address of Each Authorized Representative/Manager, City / State / Zip. Entry: Mgr. Louis J. Santoro, 9 PALMVIEW BLVD, FT MYERS BEACH, FL. 33931

11. E-mail Address: L-SANTORO@MSN.COM

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S. Signature of Authorized Representative/Manager [Signature] Date 1/14/15 Daytime Phone # 53-623-1940