PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 MAR 27 PM 3:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA
300118061603
03/18/08--01012--001 **8.00

DOCUMENT # L04000044230

1. Limited Liability Company's Name

Calle Del Sur II, LLC

1108779

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2935 Arabian Rd	2935 Arabian Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Helena, Montana	City & State: Helena, Montana
Zip: 59602 Country: USA	Zip: 59602 Country: USA

4. State/Country of Formation: Florida / Broward

5. Date Organized or Qualified To Do Business in Florida: 6/11/04 ~~Hardee~~

6. FEI Number: ~~XX~~ NONE ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Brighley & Myrick, P.A.

Street Address (P.O. Box Number Is Not Acceptable): 1255 W. Atlantic BLVD

Suite, Apt. #, Etc.: # 314

City: Pompano Beach State: FL Zip Code: 33069

☐ 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: 2/6/08

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Patty Kinast	2935 Arabian Rd	Helena, MT 59602

300118061603
02/14/08--01040--007 **547.00

REINSTATEMENT 05-08

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: Patty K Date: 2/4/08 Daytime Phone #: 561-558-6571

Typed or printed name of signing Managing Member/Manager: Patty Kinast