
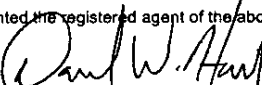
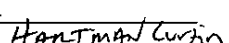
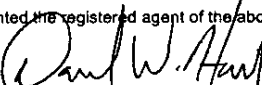
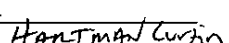
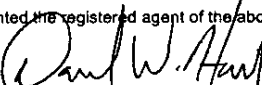
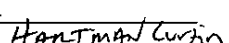
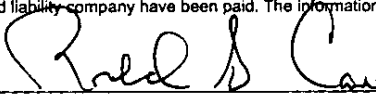
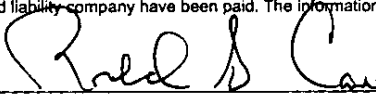
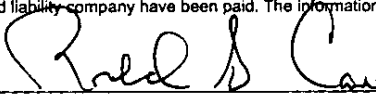


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<div style="transform: rotate(90deg); transform-origin: center;">FILED 08 SEP 22 AM 9:15 TALLAHASSEE, FLORIDA DIVISION OF STATE</div> CR2E041 (12/07)																	
DOCUMENT # L04000060528																					
1. Limited Liability Company's Name <div style="text-align: center; font-size: 2em; margin-top: 10px;">05</div> 3 Amigos Properties, LLC																					
2. Principal Office Address - No P.O. Box # 155 Crystal Beach Drive <small>Suite, Apt. #, etc.</small> Suite 121 <small>City & State</small> Destin, FL <table border="0" style="width: 100%;"><tr><td style="width: 50%;"><small>Zip</small> 32541</td><td style="width: 50%;"><small>Country</small> USA</td></tr></table>		<small>Zip</small> 32541	<small>Country</small> USA	3. Mailing Office Address 155 Crystal Beach Drive <small>Suite, Apt. #, etc.</small> Suite 121 <small>City & State</small> Destin, FL <table border="0" style="width: 100%;"><tr><td style="width: 50%;"><small>Zip</small> 32541</td><td style="width: 50%;"><small>Country</small> USA</td></tr></table>		<small>Zip</small> 32541	<small>Country</small> USA	4. State/Country of Formation Florida, USA 5. Date Organized or Qualified To Do Business in Florida 8/16/2004 6. FEI Number 20-1593422 <table border="1" style="width: 100%;"><tr><td style="width: 80%;">Applied For</td><td style="width: 20%;">Not Applicable</td></tr></table>		Applied For	Not Applicable										
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7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status				<input checked="" type="checkbox"/> 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.																	
8. Name and Address of Current Registered Agent <table border="1" style="width: 100%;"><tr><td colspan="3"><small>Name</small> Hartman Curtin, LLC</td></tr><tr><td colspan="3"><small>Street Address (P.O. Box Number is Not Acceptable)</small> 207 W. Park Ave.</td></tr><tr><td colspan="3"><small>Suite, Apt. #, Etc.</small> Suite A</td></tr><tr><td style="width: 40%;"><small>City</small> Tallahassee</td><td style="width: 10%;"><small>State</small> FL</td><td style="width: 50%;"><small>Zip Code</small> 32301</td></tr></table>						<small>Name</small> Hartman Curtin, LLC			<small>Street Address (P.O. Box Number is Not Acceptable)</small> 207 W. Park Ave.			<small>Suite, Apt. #, Etc.</small> Suite A			<small>City</small> Tallahassee	<small>State</small> FL	<small>Zip Code</small> 32301				
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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. <table border="0" style="width: 100%;"><tr><td style="width: 60%;"><small>Signature of Registered Agent</small>  PARTNER</td><td style="width: 40%;"><small>Date</small> 9/22/08</td></tr><tr><td colspan="2" style="text-align: center;"><small>REGISTERED AGENT MUST SIGN</small> </td></tr></table>						<small>Signature of Registered Agent</small>  PARTNER	<small>Date</small> 9/22/08	<small>REGISTERED AGENT MUST SIGN</small> 													
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10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Managing Members/Managers</th><th style="width: 30%;">Street Address of Each Managing Member/Manager</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>MGMR</td><td>Ronald S. Caughron</td><td>30 Stonecrest Ct., Suite 100</td><td>Shelbyville, KY 40065</td></tr><tr><td>MGMR</td><td>Larry Wickman</td><td>906 Black Diamond Cr.</td><td>Hewitt, TX 76643</td></tr><tr><td colspan="4" style="text-align: center;"><div style="display: flex; justify-content: space-between;"><div style="font-size: 1.5em; font-weight: bold;">REINSTATEMENT</div><div style="font-size: 1.5em; font-weight: bold;">2005-2008</div></div></td></tr></tbody></table>						Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGMR	Ronald S. Caughron	30 Stonecrest Ct., Suite 100	Shelbyville, KY 40065	MGMR	Larry Wickman	906 Black Diamond Cr.	Hewitt, TX 76643	<div style="display: flex; justify-content: space-between;"><div style="font-size: 1.5em; font-weight: bold;">REINSTATEMENT</div><div style="font-size: 1.5em; font-weight: bold;">2005-2008</div></div>			
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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. <table border="0" style="width: 100%;"><tr><td style="width: 60%;"><small>Signature of Managing Member/Manager</small> </td><td style="width: 20%;"><small>Date</small> 9/19/08</td><td style="width: 20%;"><small>Daytime Phone #</small> (502) 633-4998</td></tr><tr><td colspan="3"><small>Typed or printed name of signing Managing Member/Manager</small> Ronald S. Caughron</td></tr></table>						<small>Signature of Managing Member/Manager</small> 	<small>Date</small> 9/19/08	<small>Daytime Phone #</small> (502) 633-4998	<small>Typed or printed name of signing Managing Member/Manager</small> Ronald S. Caughron												
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