

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 JUN 12 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000061308

1. Limited Liability Company's Name

UTICA WAY #1, LLC

CR2E041 (12/07)

| | | | |
|--|----|--|----|
| 2. Principal Office Address - No P.O. Box # 1071 CELESTIAL DRIVE Suite, Apt. #, etc. APT. 2402 City & State CINCINNATI, OH Zip 45202 | | 3. Mailing Office Address 1071 CELESTIAL DRIVE Suite, Apt. #, etc. APT. 2402 City & State CINCINNATI, OH Zip 45202 | |
| Country | US | Country | US |

| | |
|--|--|
| 4. State/Country of Formation FLORIDA/US | |
| 5. Date Organized or Qualified To Do Business in Florida 08/18/2007 | |
| 6. FEI Number 201513315 | Applied For <input type="checkbox"/> Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

| | | |
|--|-------------|-------------------|
| 8. Name and Address of Current Registered Agent | | |
| Name WILLIAM ALLAN KING | | |
| Street Address (P.O. Box Number is Not Acceptable) 1531 SE 36TH AVE | | |
| Suite, Apt. #, Etc. | | |
| City OCALA | State FL | Zip Code 34471 |

☐ 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

William Allan King
REGISTERED AGENT MUST SIGN

Date 05/21/2008

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 |
|---|-----------------------------------|--|----------------------|
| MGRM | ROBERT P ROBISON | 1071 CELESTIAL DR, APT 2402 | CINCINNATI, OH 45202 |
| MGRM | JUDITH A PHILLIPS | 1071 CELESTIAL DR, APT 2402 | CINCINNATI, OH 45202 |
| 300130188893 05/28/08--01036--004 **516.25 | | | |
| REINSTATEMENT | | | |
| 06-08 | | | |

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

R P Robison

Date 5-15-08 Daytime Phone# 513-421-0368

Typed or printed name of signing Managing Member/Manager ROBERT P ROBISON