PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT# L04000064609 1. Limited Liability Company's Name Anthony Fitzgerald Wallace, LLÇ BK CR2E041 (1/07) 2. Principal Office Address - No P.O. Box # 2882 Billberry Street 3. Mailing Office Address Same as principle. 4. State/Country of Formation Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified To Do Business in Florida 08/30/04 City & State City & State 6. FEI Number Applied For North Port, FL Not Applicable 34286 Country \$5.00 Additional Fee required USA CERTIFICATE OF STATUS DESIRED 8. Name and Address of Current Registered Agent Anthony Fitzgerald Wallace A \$100 reinstatement fee is imposed, except in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable)
2882 Billberry Street receive the prior notices. By checking this box, you are certifying the prior notices were Suite, Apt. #, Etc. not received and requesting the \$100 reinstatement be waived. North Port 34286 9. I, being appointed the registered agent of the above named limited limiting briggery, am familiar with and accept the obligations of Chapter 608, F.S. 8-14-07 Signature of Registered Agent EGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/Managers Titles City / State / Zip Anthony Fitzgerald Wallace 2882 Billberry Street North Port, FI 34286 **MGMR** REINSTATEMENT **0**00108606900 <u>2#0108832112</u> 08/30/07---01034--003 **250.00 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 filling 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 filling 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 ås if made under oath. Date 8-14-0 Daytime Phone Managing Member/Manager Typed or printed name of signing Managing Member/Manager Anthony Fitzgerald Wallace