Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM
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TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
FLAGSTONE HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$655.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 JAN 18 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS

DOCUMENT # L04000068797

1. Limited Liability Company's Name

Flagstone Holdings, LLC

REINSTATEMENT 09-12

2. Principal Office Address – No P.O. Box #	3. Mailing Office Address
1850 SE 17th St. CSWY	1850 SE 17th St. CSWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 305	Suite 305
City & State	City & State
Fort Lauderdale, Florida	Fort Lauderdale, Florida
Zip / Country	Zip / Country
33316 / usa	33316 / USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 09/21/04

6. FEI Number: 201882234 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: THOMAS E. LEWIS Jr.

Street Address (P.O. Box Number is Not Acceptable): 1850 SE 17th St. CSWY

Suite, Apt. #, Etc.: Suite 305

City: Fort Lauderdale | State: FL | Zip Code: 33316

E-mail Address:

TJLewis@lpiholdings.com

(To be used for future annual report notices)

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: Thomas E. Lewis Jr. Date: 1/6/12

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	THOMAS E. LEWIS	1850 SE 17th St. CSWY Suite 305	Fort Lauderdale, Florida 33316

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 608.408, 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 in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: Thomas E. Lewis Jr. Date: 1/6/12 Daytime Phone #: 305-858-6449

Typed or printed name of signing Managing Member/Manager: Thomas E. Lewis