PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE 07 MAY 18 PM 2: 34 **COMPANY** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT#** 1. Limited Liability Company's Name MARZYRWilson Lhd 5205 Lloyd 57 Soffner FlA, 33584 813-380-6423 CR2E041 (1/07) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 5205 LLOGO 4. State/Country of Formation Suite, Apt. #, etc. Hillshough
5. Date Organized or Qualified Suite, Apt. #, etc. 23/05 City & State City & State 6. FEI Number Applied For 753177951 Not Applicable Zip Country \$5.00 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 8. Name and Address of Current Registered Agent Name A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this 520S box, you are certifying the prior notices were Suite, Apt. #, Etc. not received and requesting the \$100 reinstatement be waived. State Zip Code ner 9. I, being appointed the registered ageny of the above rymed limited liability company, am familiar with and accept the obligations of Chapter 608, F.S Signature of Registered Agent REĞISTÉRED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Member/Manager Titles City / State / Zip 05/24/07--01024--013 \*\*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 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 all fees owed by the limited liability company he as if made under oath. Signature of Managing Member/Manager

Typed or printed name of signing Magaging Member/Manager