PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| COMPANY PIVE PROPERTY | DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS | | FILED 09 DEC -2 AMII: 00 SECRETARY OF STATE FALLAHASSEE, FLORIDA |
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| 2. Principal Office Address - No P.O. Box # 2310 W. Brishy Ave 701 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Tampa FC Zip Country Zip 3. Mailing of 701 City & State Tar Zip Country Zip 33009 Hills. 33000 | Office Address S. Howard Auc. etc. PMB 320 Country Hills | 5. Date Organ To Do Busi 6. FEI Numbe | try of Formation Y; 2 C inized or Qualified ness in Florida The status Desired S5 00 Additional Fee required for a Certificate of Status |
| Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City | | 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. | |
| Signature of Registered Agent Page 1 REGISTERED AGENT MUST SIGN | | | |
| 10. Names and Street Addresses of Managing Members/Managers | | | |
| Titles Name of Managing Members/ Managers | Street Address of Each Managing Member/Manag | er | City / State / Zlp |
| Mo Sheila LaNeve | SAME | T As | Agent |
| REINSTATEMENT | Penalty | 20C | 0016319453B 203-01073-009 **1862.00 8-200 9 |
| | | | 4/2/2 |
| 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 as if made under cash. Signature of Managing Member/Manager Date 1025-05 Daytime Phone # 8/3-679-8533 Typed or printed name of signing Managing Member/Manager | | | |