PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** 05 AUG 11 AM 8: 33 Secretary of State 2005 DIVISION OF CORPORATIONS 900058477529 08/11/05--01032--004 **150.00 NOVE Court 4. State/Country of Formation Florida Oscala Date Organized or Qualified To Do Business in Florida 6. FEI Number 10 - 1955 35 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 9. I, being appointed the d agent of the above pamed limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REGISTERED 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 Mgr 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 oath. Managing Member/Manager

Typed or printed name of signing Managing Member/Manager