2500.00 9-16-05

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB -2 AM 10:49

CR2E041 (8/05)

DOCUMENT # L04000088917

1. Limited Liability Company's Name
3531 Olde Hampton Drive LLC

2. Principal Office Address	3. Mailing Office Address
3074 Zulla Rd	3074 Zulla Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: The Plains, VA	City & State: The Plains, VA
Zip: 20198 Country: USA	Zip: 20198 Country: USA

4. State/Country of Formation: Florida / USA
5. Date Organized or Qualified To Do Business in Florida: 12.2.04
6. FEI Number: Applied For ☒ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: NRAI Services INC
400082584814
02/06/07--01045--002 **400.00
12/18/06--01008--00 **150.00
Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive
Suite, Apt. #, etc.: Suite 4
City: Weston
State: FL Zip Code: 33331

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: Zulma M. Howalth, Asst. Sec. Date: 12-8-06
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/Manager	City / State / Zip
MGM	Sheila C. Johnson	3074 Zulla Rd	The Plains / VA / 20198
			400082584814 02/06/07--01045--002 **100.00
		REINSTATEMENT 05-07	

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.

Signature of Managing Member/Manager: Sheila Johnson Date: 12.8.06 Daytime Phone #: 703.879.7457

Typed or printed name of signing Managing Member/Manager: Sheila Johnson.