PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 AUG -5 AM 10:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E041 (12/07)

DOCUMENT # L04000091513

1. Limited Liability Company's Name
Winter Park Strategies LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1130 Powers Pl		1130 Powers Pl	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Alpharetta GA		Alpharetta GA	
Zip	Country	Zip	Country
30004-8357	USA	30004-8357	USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 12/17/2004

6. FEI Number: 20-1911395 ☐ 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: United States Corporation Agents, Inc
Street Address (P.O. Box Number is Not Acceptable): 13302 Winding Oaks Blvd
Suite, Apt. #, Etc.: Suite A-100
City: Tampa | State: FL | Zip Code: 33612-3425

☐ 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.

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 _____ Date 07/21/08
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 / Zi
CEO	Joseph Lunsford	1130 Powers Pl	Alpharetta GA 30004
CFO	M. Scott McHugh	3145 Reps Miller Rd Suite B	Norcross GA 30071
SEC	Janice Hall	1130 Powers Pl	Alpharetta GA 30004
	REINSTATEMENT	200133997632 08/05/08--01027--011 **516.25	
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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 608.41 8, 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 _____ Date 7/31/08 Daytime Phone # 770 449-0285

Typed or printed name of signing Managing Member/Manager M. Scott McHugh