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
06 NOV 15 AM 9:26

DOCUMENT # L04000093045

1. Limited Liability Company's Name
3515 SE 15th Place LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
3515 SE 15th Place LLC	3512 Del Prado BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc. 102
City & State: Cape Coral, FL	City & State: Cape Coral, FL
Zip: 33904 Country: US	Zip: 33904 Country: US

4. State/Country of Formation: FL/US

5. Date Organized or Qualified To Do Business in Florida: 12/22/04

6. FEI Number: 650203384 ☐ 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: Norma Jeanne Appelbaum

10/27/06 01007 023 $150.00
600081774736
11/15/06--01003--003 **50.00

Street Address (P.O. Box Number is Not Acceptable): 3515 SE 15th Place

Suite, Apt. #, Etc.

City: Cape Coral | State: FL | Zip Code: 33904

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: Norma Jeanne Appelbaum
REGISTERED AGENT MUST SIGN

Date: 10/23/2006

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
MGRM	Norma Jeanne Appelbaum	4218 SW 25th Court	Cape Coral, FL 33914
			AMENDMENT 05-06

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 608.406, 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.

Signature of Managing Member/Manager: Norma Jeanne Appelbaum Date: 10/23/2006 Daytime Phone #: 2395496100

Typed or printed name of signing Managing Member/Manager: NORMA JEANNE APPELBAUM