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Division of Corporations
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From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
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LIMITED LIABILITY REINSTATEMENT

NEW CASTLE LLC

Certificate of Status	0
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EXAMINER

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2008 JAN 17 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000003021

1. Limited Liability Company's Name
NEW CASTLE LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
9539 LANTERN BAY CIRCLE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH, FL	City & State
Zip: 33411 Country: USA	Zip Country

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 01/10/2005

6. FEI Number: 20-2140496 ☐ 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: JON JAY HOKER

Street Address (P.O. Box Number is Not Acceptable): 9539 LANTERN BAY CIRCLE

Suite, Apt. #, Etc.:

City: WEST PALM BEACH State: FL Zip Code: 33411

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: [signature] Date: 1/7/08

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	JON JAY HOKER	9539 LANTERN BAY CIRCLE	WEST PALM BEACH, FL 33411
MGRM	SUE HILL HOKER	9539 LANTERN BAY CIRCLE	WEST PALM BEACH, FL 33411

REINSTATEMENT 06-08

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: [signature] Date: 1/7/08 Daytime Phone #:

Typed or printed name of Managing Member/Manager: JON JAY HOKER