PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT DIVISION OF CORPORATIONS 2009 JUL 21 AM 10: 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA Limited Liability Company's Name Stonebridge Vacation Homes (USA) LLC 2. Principal Office Address - No P.O. Box # SHH Old Bridge Could Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country 2009 JUL 21 AM 10: 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA SDID 1 587D21 D5 07/20/0901058003 ***555.00 CR2E041 (10/08) ***SSS. 00 CR2E041 (10/08) ***SSS. 00 CR2E041 (10/08) ***SSS. 00 CR2E041 (10/08) ***SSS. 00 CR2E041 (10/08) ***State/Country of Formation Formation Formation Formation Formation Formation Applied for Country 33897 Country 40 Applied for Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formation Formati
2. Principal Office Address - No P.O. Box # SHH DIA Bridge Code Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country 33897 Country 33897 Country 33897 Country 33897 Country 33897 Country 33897 Country 3100 Certificate of Status Desired For a Certificate of Status 8. Name and Address of Current Registered Agent Name Street Address (P. 6) Box Number is Not Acceptable) Street Address (P. 6) Box Number is Not Acceptable) Street Address (P. 6) Box Number is Not Acceptable) Suite, Apt. #, Etc. State State Zip Code FL 33897 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. Strangure of Color of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.
Suite, Apt. #, etc. Suite, Ap
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Name To Caveline De Civalce Street Address (P. 4) Box Number is Not Acceptable) Suite, Apt. #, Etc. State Zip Code FL 33x97 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 Oil Double Current Registered Agent 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.
Signature of Oi Do O O. I. Al Te
REGISTERED AGENT MUST SIGN
10. Names and Street Addresses of Managing Members/Managers Name of Street Address of Each Charles and Charles an
Miles Managing Members/Managers State / Zip Miles Managing Members/Manager City / State / Zip
REINSTATEMENT & OG
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 Date 71709 Daytime Phone # 863-424-1234 Typed or printed name of signing Managing Member/Manager JACQUEC(NEDEL-600)