PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT DOCUMENT # L0500014567 1. Limited Liability Company's Name Ascentric LLC							<u>.</u>	SECRETARY (DIVISION OF COF	OF STATE RPORATIONS	
								CR2E041 (1	2/07)	
2. Principal Office Address - No P.O. Box# IIIO Airport Road			_ *	3. Mailing Office Address P.O. Box 525/			4. State/	Country of Formation		
Suite, Apt. #			Suite, Apt. #, etc.			FL/USA 5. Date Organized or Qualified				
City & State		City & State	City & State				To Do Business in Florida // FEB 2005			
Destin FL				Destin FL Zip Country			6. FEIN	umber -/4604/5	Applied For Not Applicable	
Zip 325	541	USA	Zip 3254	1		SA	7. CERTIFI	CATE OF STATUS DESIRED	\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent										
Street Add Suite, Apt.	ress (P.O. Bo	L Riley, x Number is Not Acceptable port Read			State Zip Code			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 accompany of Registered Agent REGISTERS APENT MUST SIGN								bligations of Chapter 608, F.S.		
10. Names and Street Addresses of Managing Members/Managers										
Titles	Name of Managing Members/Managers			Street Address of Each Managing Member/Manager				City i	/ State / Zip	
Mgan Robert L Riky, Jr. 1110 Aignort Rd,								Destin, 1	² L 32541	
							02/	90011834 /19/08010470	8859 12 <u>***</u> 416, <i>2</i> 5	
	REINSTATEMENT 2000 - 2008								·	
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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 608.406, 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 Akrt 1. Relay, Date 25 JANO8 Daytime Phone # (850) 855-6088										
Typed or printed name of signing Managing Member/Manager Robert L Riley, Jr.										