PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT CIMITED LIABILITY FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILED 09 DEC -8 AM 8: 06			
DOCUMENT # L 05 2000 15523 1. Limited Liability Company's Name				SECRETARY OF STATE FALLAHASSEE, FLORIDA			
Oceanspray Cove LLC				900163289419 12/03/0901038006 **416.25			
Principal Office Address - No P.O. Box # 3. Mailing Office Address				CR2E041 (11/09)			
1692 Beverly St.	· · · · · · · · · · · · · · · · · · ·			State/Country of Formation			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			FLICharloHe 5. Date Organized or Qualified			
City & State	State City & State			To Do Business in Florida 2-15-05 6. FEI Number Applied For			
Sylvan Lake MI Sylvan Lake MI Country Zip Country				20 - 2445504 Not Applicable			
48320	48320	Joannay		7. CERTIFICATE		dditional Fee required Certificate of Status	
8. Name and Address of Current Registered Agent							
Mary Smith				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			
Street Address (P.O. Box Number is Not Acceptable) 1692 R. 5060 N. Reach RL #101							
Suite, Apt. #, Etc.				not received and requesting the \$100 reinstatement be waived.			
Englewood FL 34223				Tollistation of Walfed.			
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 Macy Smith REGISTERED AGENT MUST SIGN				······	Date 12-1-09		
10. Names and Street Addresses of Managing Members/Managers							
Titles Name of Managing Members/Manage	rs	Street Addres Managing Memb			City / State / Z	îp	
MGR Mary Smith		1692 Beverly St Sylvan Lake MI		Sylvan Lake	MI		
MGRA Eric Smith	16	92 Beve	حام	st	Sylvan Lake	IM S	
			. •		`	JB	
		REINSTATEMENT 2007-09					
11. E-mail Address: Mary & Long Long (To be used for future ennual report notifications)							
12. 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 May Smith Date 12-1-09 Daytime Phone # 248 674 0020							
Typed or printed name of signing Managing Member/Manager MARY SMITH							