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 CORPORATION

09 NOV -3 PM 12:47

REINSTATEMENT 2008-09 JBM

CR2E041 (10/08)

DOCUMENT #

1. Limited Liability Company's Name
MSDH Investors, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6701 Mossy Glen Dr	4555 Pinehurst Grens Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers	City & State: Estero, Fl
Zip: 33908 Country: USA	Zip: 33928 Country: USA

4. State/Country of Formation: Florida USA
5. Date Organized or Qualified To Do Business in Florida: 3/23/05
6. FEI Number: 202 545 266 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee Required

8. Name and Address of Current Registered Agent
Name: Sonia M. Diaz c/o COLEMAN, HAZZARD & TAYLOR
Street Address (P.O. Box Number is Not Acceptable): 2640 Golden Gate Parkway (POINCIANA PROF. PARK)
Suite, Apt. #, Etc.: Suite 304
City: Naples State: FL Zip Code: 34105-3220

☐ 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 accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: _____ Date: 10/30/09
REGISTERED AGENT MUST SIGN

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
Mgr	Sandra L. Hill	4555 Pinehurst Gr. Ct	Estero, FL 33928
MMGR	Michael J. Hill	4555 Pinehurst Grs. Ct	Estero, FL 33928

100152418291
11-02-09--01163--002 **382.50

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 608.408, 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: 10-28-09 Daytime Phone#: 239 298 5200 / 517 529-9310

Typed or printed name of signing Managing Member/Manager: MICHAEL J. HILL