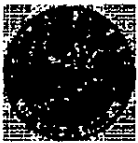
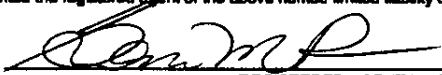


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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 <u>2008-09 DSM</u> CR2E041 (10/08)
DOCUMENT # 1. Limited Liability Company's Name MSDH Investors, LLC			
2. Principal Office Address - No P.O. Box # 6701 Mossy Glen Dr		3. Mailing Office Address 4555 Pinehurst Grns 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 ☒			
8. Name and Address of Current Registered Agent Name Sonia M. Diaz / COLEMAN, HAZZARD TAYLOR Street Address (P.O. Box Number is Not Acceptable) 2640 Golden Gate Parkway Suite, Apt. #, Etc. Suite 304 (POINCIANA PROF. PARK) 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
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 606.406, 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 10-28-09 Daytime Phone # 239 298 5200 Typed or printed name of signing Managing Member/Manager MICHAEL J. HILL			

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