
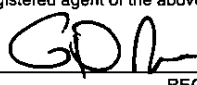
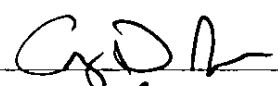


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2008 DEC -9 PM 4: 12 SECRETARY OF STATE TALLAHASSEE, FLORIDA 300135851193 9/15/08 01046004 #382.50 CR2E041 (10/08)																													
DOCUMENT # L05000080781																																	
1. Limited Liability Company's Name 352 LLC																																	
2. Principal Office Address - No P.O. Box # 407 Courthouse Sq. Suite, Apt. #, etc. - City & State Inverness Fla. Zip 34450 Country USA		3. Mailing Office Address 109 N. Brush St. Suite, Apt. #, etc. Suite 500 City & State Tampa, Fla. Zip 33602 Country USA		4. State/Country of Formation Florida																													
				5. Date Organized or Qualified To Do Business in Florida 8-16-05																													
				6. FEI Number 04-3833081 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																													
				7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status																													
8. Name and Address of Current Registered Agent																																	
Name Gregory D. Jones																																	
Street Address (P.O. Box Number is Not Acceptable) 109 N. Brush Street																																	
Suite, Apt. #, Etc. Suite 500																																	
City Tampa.		State FL		Zip Code 33602																													
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 12/8/08 REGISTERED AGENT MUST SIGN																																	
10. Names and Street Addresses of Managing Members/Managers																																	
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Titles</th><th>Name of Managing Members/Managers</th><th>Street Address of Each Managing Member/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>MEMBER</td><td>Gregory D. Jones</td><td>109 N. Brush St Suite 500</td><td>Tampa, FL 33602</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MEMBER	Gregory D. Jones	109 N. Brush St Suite 500	Tampa, FL 33602																				
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REINSTATEMENT 07-08 AL																																	
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 12/8/08 Daytime Phone # 813 229-7007																																	
Typed or printed name of signing Managing Member/Manager Gregory D. Jones																																	