PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| DOCUMENT # 1. Limited Liability Company's Name 8 307 Summes LUC DW S 2. Principal Office Address - No P.O. Box # 2. Suite, Apt. #, etc. 2. Principal Office Address - No P.O. Box # 2. Suite, Apt. #, etc. 3. Mailing Office Address - No P.O. Box # 2. Principal Office Address - No P.O. Box # 2. Principal Office Address - No P.O. Box # 2. Principal Office Address - No P.O. Box # 2. Principal Office Address - No P.O. Box # 2. Principal Office Address - No P.O. Box # 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address - No P.O. Box # 4. State - State - State - State - No P.O. Box # 3. Mailing Office Address - No P.O. Box # 3. Mailing Office Address - No P.O. Box # 3. Mailing Office Address - No P.O. Box # 3. Mailing Office Address - No P.O. Box # 4. State - | LIMITED LIABILITY COMPANY REINSTATEMENT | IDA DEPARTMENT OF STATE Secretary of State of Division of Corporations | FILED 09 DEC -2 AMII: 00 | |
|---|---|---|---|--|
| 2. Principal Office Address - No P.O. Box # 2310 W. Briton Ave 701 S. Hournd Ave Flory: de- Suite, Apt. #, etc. \$\frac{1}{2}\text{Lile, Apt. #, etc.}\$ \$\frac{1}{2}\text{Lile, Apt. H. etc.}\$ \$\frac{1}{2} | DOCUMENT # 1. Limited Liability Company's Name 8307 Semmes | LLC 08 50 | SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| City & State City & State City & State Country Zip Zip Zip Zip Zip Zip Zip Zi | 2. Principal Office Address - No P.O. Box # 3. Marki 2310 W. Bristy Ave 70 | ing Office Address 1 5. Howard Auc | . 4. State/Country of Formation | |
| Name Sean Langue Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State St | City & State City & State City & State City & State Zip Country Zip | iste PMR 320 Country | 5. Date Organized or Qualified To Do Business in Florida 6. FEI Number So - 2320889 7. CERTIFICATE OF STATUS DESIGNED 55.00 Additional Fee required | |
| Signature of Registered Agent Date 10-29-09 REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles Name of Street Address of Each Charlest Address of Each | Street Address (P.O. Box Number is Not Acceptable) 2310 W. By is hill Suite, Apt. #, Etc. | 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 | |
| Titles Name of Street Address of Each | Signature of Registered Agent Date 10-29-09 | | | |
| Oit. (Otal.) 7:- | 10. Names and Street Addresses of Managing Members/Mana | gers | | |
| | Titles Name of Managing Members/ Managers | Street Address of Each Managing Member/Manag | | |
| mas Shila LaNeve Same As Abeat | mar Sheila La Neve | SAME AS | Abert | |
| 200163194752 11/30/0301073010 **3330.00 | | | 200163194752 11/30/0301073010 **3330.00 | |
| REINSTATEMENT Without Panalty 2008-2009 | | | | |
| 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 teason 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 lighted liability company have been said. 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 10-07 Daytime Phone # 813-679-85 Typed or printed name of signing Managing Member/Manager | filing this reinstatement application the season for dissolution, all fees owed by the lipited liability company have been gaid, as if made under oath. Signature of Managing Member/Manager | has been eliminated, the limited liability compar The information indicated on this application is | any name satisfies the requirements of section 608.406, F.S., and that is true and accurate, and my signature shall have the same legal effect | |