## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000103  1. Entity Name SECLUSION BAY INVESTMENTS, L.			OT APR - 5 P.  SECRETARY OF TALLAHASSEE. F	ED MI2:55
Principal Place of Business 12273 EMERALD COAST PARKWAY SUITE 113 DESTIN, FL 32550	Mailing Address 12273 EMERALD COAST SUITE 113 DESTIN, FL 32550	PARKWAY BI	INTERPRETATION	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address 5 8 Benn Suite, Apt. #, etc.	ington	04032007 REIN-LLC	CR2E101 (1/07)
Bloom Field Hills MI 498304 Country A 6. Name and Address of Current F	City & State  A B 3 0 4  Consistence Account	Country (A	FEI Number     Certificate of Status Desired     Name and Address of New	Applied For Not Applicable  \$5.00 Additional Fee Required
CANTRELL JAKE 42273 EMERALD COAST PARKWAY SUITE 113 DESTIN, FL 32550	ogiotal de Agent	Street Address 1201 Ha	tion Service Compa (P.O. Box Number is Not Acceptab ys Street	any le)
Tallahassee  Talla				
FILE NOW!!! FEE IS \$100.00	liability company did r	607.193(2)(b), F.S., the not receive the prior no	tice. Florid	ke check payable to la Department of State
9. MANAGING MEMBER  TITLE MGR  NAME WIBEL MARK  STREET ADDRESS 12273 EMERALD COAST PARKV  CITY-ST-ZIP DESTIN, FL 32550	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	gv. ibel Mark i Behuington	Change Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	on field Hills 48 Not	M ( □ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete □ DELNISTATE	ITILE NAME STREET ADDRESS AFSA P	006-200	Change Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Kellpar	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100095	Change   Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE:  SIGNATURE:  SIGNATURE AND YINED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Daytime Phone				

ACCOUNT NO. : 072100000032

REFERENCE :

837532

4329479

AUTHORIZATION

COST LIMIT

ORDER DATE: April 5, 2007

ORDER TIME : 9:59 AM

ORDER NO. : 837532-015

CUSTOMER NO:

4329479

## DOMESTIC FILINGS

SECLUSION BAY INVESTMENTS,

L.L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley - Ext# 2930

EXAMINER'S INITIALS