FORE COMPLETING THIS PLEASE READ ALL IN

| LIMITED LIABILITY | | | | |
|-------------------|--|--|--|--|
| COMPANY | | | | |
| REINSTATEMENT | | | | |

Tallahassee

11. E-mail Address:

Managing Member/Manager



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

PILED OCCRETARY OF STATE **SIVISION OF CORPORATIONS**

09 NOV 25 PM 4: LR

| | Control of the contro | | | | |
|-------------------------------------|--|--|--|--|--|
| DOCUMENT # | L05000 22364 | | | | |
| 1. Limited Liability Company's Name | | | | | |
| | . 12 Par | | | | |

2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 3431 Wardley Koad Suite, Apt. #, etc. City & State City & State Tailahassee Fi Tallahassee Country Country 32312 32312 usa USA 8. Name and Address of Current Registered Agent Jana K. Kay

CR2E041 (11/09)

| Florida / Work | |
|---|----------------------|
| 5. Date Organized or Qualified To Do Business in Florida Ol-Ol- | -2006 |
| 6. FEI Number | Applied For |
| 6. FEI Number 1698624 | Not Applicabl |
| 7. CERTIFICATE OF STATUS DESIRED S5.00 AC | dditional Fee requir |

X 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.

for a Certificate of Status

| Registered . | AgentAgent | GENT MUST SIGN | Date 25 Nov 2069 |
|--------------|--|---|----------------------|
| 10. Name | es and Street Addresses of Managing Members/Manage | rs | |
| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
| marm | Jana K. Ray | 3431 Woodley Road | Tallahassee FL 32312 |
| 0 | | 40 | 0163146234 |
| | | 11/30/ | /0901001018 **421.25 |
| | REINSTATEMENT | 2007-2009 | |
| , | I I I I I I I I I I I I I I I I I I I | | |
| | | | |

(To be used for future annual report notifications)

12. 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 filling 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 path.

State

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.

Zip Code

32312