* v. 4

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT	A DEPARTMENT OF STATE Secretary of State rision of corporations	·	SECRETARY OF STATE
DOCUMENT # L 0 600 000 900 1. Limited Liability Company's Name Treasure Coast Hardwoods	0.3	ŧ	
2 District Office Address No D.C. Co., # 2 Molifice	Off Add		CR2E041 (12/07)
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address			
1675 S.E. Lake Legacy Way Same Suite, Apt. #, etc. Suite, Apt. #, etc.		4. State/Country of Formation にしたいけ, USA	
Suite, Apr. #, etc.		5. Date Organized or Qualified	
City & State City & State		To Do Busir	ess in Florida /- 25- 200(p
Stuart, Florida 34997 Florida Zip Country Zip Country		6. FEI Number Applied For Not Applicable	
Zip Country Zip 34997 USA	Country	7.	OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Regi	stered Agent	-	
Name Austin H. Jones Street Address (P.O. Box Number is Not Acceptable) 1675 S.E. Lake Legacy Way. Suite, Apt. #, Etc. City Stuart State Zip Code 54997		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 5-67-08 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/Manag	ger	City / State / Zip
MGR MAR Austin Jones	1675 SE Luke (egacylla	Stuart FC 34997
		05/12	/0129050951 /0801052006 **238.75
			/0131000664 /0801036002 #138.75
	REIN	STATE	MENT 2007-08
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 5/28/08 Daytime Phone# 172-260-6076			
Typed or printed name of signing Managing Member/Manager			