PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE COMPANY Secretary of State 09 MAR 24 PM 1: 20 REINSTATEMENT DIVISION OF CORPORATIONS L06000045268 DOCUMENT # 1. Limited Liability Company's Name Googen - Development, LLC 500146066075 03/18/09--01003--007 **416.25 CR2E041 (10/08) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 11206 Harbour Springs 11206 Harbour Springs Cir. 4. State/Country of Formation 775 A Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified To Do Business in Florida 5-1-2006 City & State Boca Raton, FL 6. FEI Number Applied For Boca Raton FL 20-4806296 CERTIFICATE OF STATUS DESIRED 55 00 Admittantal Control of Status West Palm Bach West Palm Bouch for a Certificate of Status 8. Name and Address of Current Registered Agent ☑ A \$100 reinstatement fee is imposed, except Zamero in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable)
11206 Her bour Sprind receive the prior notices. By checking this Springs box, you are certifying the prior notices were Sulte, Apt. #, Etc. not received and requesting the \$100 reinstatement be waived. ZIP COM 3428 Boca Kuton 🗣 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 5-9-09 REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managers Titles City / State / Zip MGR Boca Raton, FL 33428 11206 Harbour Springs Cir Boca Raton, FL 33428 MGRM 11206 Harbour Springs Cir. 2009 REINSTATEMENT 2007-11. 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 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 all fees owed by the limi Signature of -9-09 Daytime Phone # 954 -547 - 7-907 Managing Member/Manager

Zamero

Ron

Typed or printed name of signing Managing Member/Manager