PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2012 JUN -6 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041

DOCUMENT # L06-59875

1. Limited Liability Company's Name

L.M. One, LLC

L06000059875

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
329 Shipwreck Ave.	329 Shipwreck Ave
Suite, Apt. # etc.	Suite, Apt. #, etc.
City & State: Ponte Vedra Bch FL	City & State: Ponte Vedra Bch FL
Zip: 32082 Country: USA	Zip: 32082 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 6/13/2006

6. FEI Number: [X] Applied For [ ] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [X] $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Baron Bartlett

Street Address (P.O. Box Number is Not Acceptable): 230 Canal Blvd

Suite, Apt. # Etc.: Suite 4

City: Ponte Vedra Bch | State: FL | Zip Code: 32082

E-mail Address: Bbartlett@pvrelaw.com
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter [illegible]

Signature of Registered Agent Baron Bartlett Date 6/4/12
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/Manager	City, State, Zip
Pres.	MICHAEL E. BRAREN	P.O. BOX 378	Ponte Vedra Bch FL 32004
Sec/Treas	LAUREN M. BRAREN	P.O. BOX 378	Ponte Vedra Bch FL 32004

REINSTATEMENT
2011-2012

500235989695
06/06/12--01023--009 **377.50

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter [illegible] 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 [illegible] and all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate and that my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in [illegible]

J. SAULSBERRY
EXAMINER
JUN 7 2012

Signature of Managing Member/Manager Michael E. Braren Date 5/31/12 Daytime Phone 904-285-9993

Typed or printed name of signing Managing Member/Manager: Michael Braren

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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L.M. One, LLC

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TALLAHASSEE, FLORIDA

___ Art of Inc. File_____
___ LTD Partnership File_____
___ Foreign Corp. File_____
___ L.C. File_____
___ Fictitious Name File_____
___ Trade/Service Mark_____
___ Merger File_____
___ Art. of Amend. File_____
___ RA Resignation_____
___ Dissolution / Withdrawal_____
✓ Annual Report / Reinstatement_____
___ Cert. Copy_____
___ Photo Copy_____
___ Certificate of Good Standing_____
___ Certificate of Status_____
___ Certificate of Fictitious Name_____
___ Corp Record Search_____
___ Officer Search_____
___ Fictitious Search_____
___ Fictitious Owner Search_____
___ Vehicle Search_____
___ Driving Record_____
___ UCC 1 or 3 File_____
___ UCC 11 Search_____
___ UCC 11 Retrieval_____
___ Courier_____

No Money for CLS

Signature

Requested by: SETH 06/05 _____
Name Date Time

Walk-In _____ Will Pick Up _____