1 of 2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

. PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT
2009 - 2014

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000078249

1. Limited Liability Company's Name
Fluid Stone, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2967 Alta Laguna Blvd.	2967 Alta Laguna Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Laguna Beach, CA	City & State: Laguna Beach, CA
Zip: 92651 Country: US	Zip: 92651 Country: US

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 04/06/2006

6. FEI Number: 205597343 ☑ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

9. I being appointed the registered agent of the above-named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] Date: 4/25/14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Frank E. Layton	2967 Alta Laguna Blvd.	Laguna Beach, CA 92651
MBR	John H. McDermit	2967 Alta Laguna Blvd.	Laguna Beach, CA 92651

11. E-mail Address: frank@fluidstone.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager of the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: [signature] Date: 04/22/14 Daytime Phone #: 949-497-65608

Typed or printed name of signing Authorized Representative/Manager: Frank E. Layton

K. ASHTON

2952

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
FLUID STONE, LLC

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