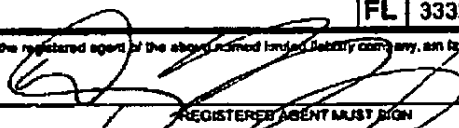
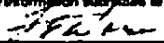


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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			
2. Principal Office Address - No P.O. Box # 2967 Alta Laguna Blvd. Suite, Apt. #, etc.		3. Mailing Office Address 2967 Alta Laguna Blvd. Suite, Apt. #, etc.	
City & State Laguna Beach, CA Zip Country 92651 US		City & State Laguna Beach, CA Zip Country 92651 US	
4. State/Country of Formation FL			
5. Date Organized or Qualified To Do Business in Florida 04/04/2009			
6. FEI Number 205597343			☒ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ SS02 And identifies 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 State Zip Code Plantation FL 33324			
9. I, being appointed the registered agent of the above named limited liability company, am bound to and accept the obligations of Chapter 605, F.S. Signature of Registered Agent  Date 4/25/14 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
TITLE	Name of Authorized Representative/Manager	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  Date 04/22/14 Daytime Phone # 949-497-6668 Typed or printed name of signing Authorized Representative/Manager FRANK E. LAYTON			

K. ASHTON

262

Division of Corporations

Page 1 of 1

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

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