PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

if.



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LOGO0096350

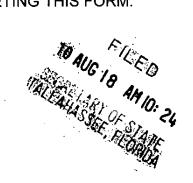
1. Limited Liability Company's Name

Signature of

Managing Member/Manage

Typed or printed name of signing Managing Member/Manager

Cory Holdings, LLC



| Cory i lolalings, LLO | | | | | | | | CR2E041 (05/10) | | | | |
|---|--------------------------------------|--|----------------------|------------------|---|--|---|--|-------------------------|-----------------|-------------------|--|
| Principal Office Address - No P.O. Box # 3. Mailing O | | | | ffice Address | | | | CR2E041 (05/10) | | | | |
| 17916 Cachet Isle Drive San | | | Same |) | | | | 4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 10/03/2006 | | | | |
| Suite, Apt. #, etc. Suite, Apt. # | | | Suite, Apt. #, | | | | | | | | | |
| City & Chate | | | | | | 3 | | | | | | |
| City & State City & State | | | City & State | | | | ϵ | 00.5045000 | | | Applied For | |
| Zip | | | Zip | | Co | Country | | | | | Not Applicable | |
| 33647 | 47 US | | , | | | | 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status | | | | | |
| 8. Name and Address of Current Registered Agent | | | | | | | | | | | | |
| Name Eugene E. Thomason | | | | | | | | | | | | |
| Street Add 17916 (| | | | | | 900184380789 08/16/1001004016 **516.25 | | | | | | |
| Suite, Apt. | | | | | | | | | | | | |
| | | | | | | Zip Code | | | | | | |
| City Tampa | | FL. | 33647 | | | | | | | | | |
| 9. I, being | appointed the | e registered agent of the abo | ove named limite | d liability co | mpany, | , am familiar wit | th and acc | ept the obligati | ions of Chapter 608, F | .S. | | |
| Signature of Registered Aces | | | | | | | | Date | | | | |
| REGISTERED AGENT MUST SIGN | | | | | | | | | | | | |
| 10. Name | es and Street | Addresses of Managing Mer | mbers/Managers | š | | | | | | | | |
| Titles | Name of Managing Members/Managers | | | | Street Address of Each Managing Member/Manager | | | г | City / State / Zip | | | |
| MGRM | Euge | ene E. Thor | nason | 179 | 16 (| Cachet | t Isle | Drive | Tampa, | FL 33 | 647 | |
| мдгм | Betty Thomason | | | | 17916 Cachet Isle Drive | | | | | | | |
| MGRM | Cory | Thomason | | 179 ⁻ | 16 (| Cachet | : Isle | Drive | TAMPRE | § L 33 | 647 | |
| | | | | | | | | | AUG 192 | | | |
| | REINSTATEM | | | FNT | | | | | EXAMINER | | | |
| | 200 | 08-10 | | 7. 1 | I | | | | | | | |
| 11, E-mail. | (To be used | d fối fútů | ire-annual report no | otifications) | | | | | | | | |
| filing th all fees | his reinstateme | anaging member/manager o ent application the reason for limited liability company have ath. | r dissolution has | trustee emp | powered ated, th | ed to execute this he timited liability | is applicati y company | tion as provided y name satisfie: | s the requirements of s | section 608.406 | 8, F.S., and that | |