PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JUN -4 AM 10:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

200155896072
05/13/09--01031--005 **272.50
CR2E041 (10/08)

DOCUMENT # L06000098131

1. Limited Liability Company's Name

WHITE EYE, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
28015 Smyth Dr		28015 Smyth Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Valencia, CA		City & State: Valencia, CA	
Zip: 91355	Country: USA	Zip: 91355	Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 10/06/2006

6. FEI Number: ☐ Applied For ☑ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ [redacted]

8. Name and Address of Current Registered Agent

Name: Presidential Services Incorporated

Street Address (P.O. Box Number is Not Acceptable): 1217 Cape Coral Parkway

Suite, Apt. #, Etc.: #300

City: Cape Coral | State: FL | Zip Code: 33904

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. 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 _____ Date May 12, 2009

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
MGR	Zearch Pty Ltd.	28015 Smyth Dr	Valencia, CA 91355
			200155896072 03/12/09--01046--012 **143.75
			6/13/09 01031 005 $272.50
	REINSTATEMENT 07-09		
			3/12/09 01046 012 $143.75

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 filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, 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.

Signature of Managing Member/Manager: BJ Lambert Date May 12, 2009 Daytime Phone # 661-253-3303

Typed or printed name of signing Managing Member/Manager: Bobby Joe Lambert - Manager of Zearch Pty Ltd.