PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE COMPANY Secretary of State 2089 MAR 31 PM 12: 54 REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE LO6000101138 DOCUMENT # 1. Limited Liability Company's Name Reserve VIP. com LLC CR2E041 (10/08) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 13460 Rrikerbanker PKWY 13460 RICKEN BOLKER PRONT 4. State/Country of Formation Suite, Apt. #, etc. Suite, Apt. #, etc. Florida 5. Date Organized or Qualified To Do Business in Florida tinu unth -10.16-2006 City & State City & State Applied For 6. FEI Number fort. 14-1980395 Not Applicable Country 7. CERTIFICATE OF STATUS DESIRED \$5,00 Additional Fee required for a Certificate of Status ንንግነን **ን**ንዓֈን USA USA 8. Name and Address of Current Registered Agent Name A \$100 reinstatement fee is imposed, except JUDDA E. MUSIKE in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable) receive the prior notices. By checking this box, you are certifying the prior notices were Suite, Apt. #, Etc. not received and requesting the \$100 reinstatement be waived. City State Zip Code Nuples 34108 9. 1, 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 Date 2-24.09 Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/Managers Titles City / State / Zip 10240 OLIVEWOODWAY 49 Manaced ESTERO, FL, 33928 MICHAEL RUKSEHAS ESTERO, FL 33928 Monace Naples, F1 34108 Jason E. Myhure .07-08-09 700145412817 700145412817 03/10/09--01023--022 **268.75 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 filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, 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 Date 3-34-05 Daytime Phone # 314-703-3543 Managing Member/Manager

Jason E. Myner

Typed or printed name of signing Managing Member/Manager