PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State 10 FEB 19 AM 10: 31 REINSTATEMENT DIVISION OF CORPORATIONS SEURETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT #** Plant Street Holding L 300166851143 01/21/10--01041--016 **23 CR2E041 (11/09) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address State/Country of Formation Glorida 5. Date Organized or Qualified To Do Business in Florida City & State FEI Number Applied For rMURL. Not Applicable Country \$5.00 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED Name ☐ A \$100 reinstatement fee is imposed, except JMU in circumstances which the entity did not 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 State or mere 02719/10--01004 ent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIG 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Member/Manage City / State / Zio Mbreuning 6 CFL, M. com 11. E-mail Address: (To be used for future annual report notifications) 12. 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 Managing Member/Manager

Typed or printed name of signing Managing