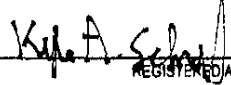


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1052

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		15 JUL - 9 AM 8:21	
DOCUMENT # L07000018378					
1. Limited Liability Company's Name OBTAV ILGA, LLC					
2. Principal Office Address - No P.O. Box # 7932 West Sand Lake Road		3. Mailing Office Address 7932 West Sand Lake Road		CR2E041 (1/14)	
Suite, Apt. #, etc. Suite 108		Suite, Apt. #, etc. Suite 108		4. State/Country of Formation FL	
City & State Orlando, FL		City & State Orlando, FL		5. Date Organized or Qualified To Do Business in Florida 02/18/2007	
Zip 32819	Country US	Zip 32819	Country US	6. FEI Number 20-8529279	Applied For Not Applicable
8. Name and Address of Current Registered Agent				7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a certificate of status	
Name Kyle A. Schmutzler				600274424526	
Street Address (P.O. Box Number is Not Acceptable) Suite, 7932 West Sand Lake Road					
Apt. #, Etc. Suite 108					
City Orlando		State FL	Zip Code 32819		
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.					
Signature of Registered Agent 				Date July 2015	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Title	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager		City / State / Zip	
MGR	Kurt O'Brien	7932 West Sand Lake Road, Suite 108		Orlando, FL 32819	
11. E-mail Address: kschmutzler@simplyss.com					
(To be used for future annual report notifications)					
12. I certify that I am an authorized representative/ manager or 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.					
Signature of authorized representative/member 				Date July 2015 Daytime Phone # (407) 583-6558	
Typed or printed name of signing authorized representative/member Kurt O'Brien, Manager					

Date: 07/09/2015

Account #: I20000000088

Name: Michelle Walker

Reference #: B067849

ENTITY NAME: OBTAV ILGA, LLC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Annual Report
- ☐ Change of Agent
- ☒ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other: _____

Authorized Amount: \$ 311.50

Signature: Michelle Walker