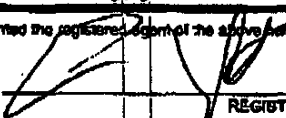
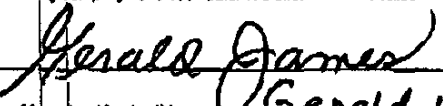


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		2008 NOV 19 PM 2:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA 200138185522 11/21/08--01048--004 **138.75 CRZED41 (11/05)	
DOCUMENT #		L 0 7 0 0 0 0 4 0 5 2 0			
1. Limited Liability Company's Name		Act III Associates, LLC			
2. Principal Office Address - No P.O. Box #		3. Mailing Office Address		4. State/Country of Formation	
10801 - Endeavourway		3665 E. Bay DR		Florida USA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida	
B		Ste 204-186		4-16-07	
City & State		City & State		6. FEI Number	
Largo Florida		Largo Florida		20-8846675	
Zip		Zip		Applied For	
33777		33771		Not Applicable	
Country		Country		7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Add'l Fee for each (3) for a Certificate of Status	
Pinellas		Pinellas			
8. Name and Address of Current Registered Agent					
Name: Eric Yankwitt					
Street Address (P.O. Box Number is Not Acceptable): 2322 E. Oakland Park Blvd					
Suite, Apt. #, Etc.: 2nd Floor					
City: Ft. Lauderdale State: FL Zip Code: 33306					
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: 11/07/08	
REGISTERED AGENT MUST SIGN					
10. Name and Street Addresses of Managing Members/Managers					
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager		City / State / Zip	
MGR	Gerald W James	206 Hillcrest DR		Safety Harbor FL 34685	
MGR	Diane C James	206 Hillcrest DR		Safety Harbor FL 34685	
REINSTATEMENT-08					
11. I certify that I am managing member/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 corrected, 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: 				Date: 10-23-08 Daytime Phone: 727-545-4574	
Typed or printed name of signing Managing Member/Manager: Gerald W James					