PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 NOV 19 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/21/08--01048--004 **138.75

CR2E041 (10/05)

DOCUMENT # L07000040520

1. Limited Liability Company's Name
Act III Associates, LLC

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 10801 Endeavour Way | 3665 E. Bay Dr |
| Suite, Apt. #, etc.: B | Suite, Apt. #, etc.: Ste 204-186 |
| City & State: Largo Florida | City & State: Largo Florida |
| Zip: 33777 Country: Pinellas | Zip: 33771 Country: Pinellas |

4. State/Country of Formation: Florida USA

5. Date Organized or Qualified To Do Business in Florida: 9-16-07

6. FEI Number: 20-8846695 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Is Required for a Certificate of Status

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

☒ 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: [signature] REGISTERED AGENT MUST SIGN Date: 11/07/08

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 | Gerald W James | 206 Hillcrest DR | Safety Harbor FL 34695 |
| MGR | Diane C James | 206 Hillcrest DR | Safety Harbor FL 34695 |
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| | | REINSTATEMENT-08 | |
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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: Gerald James Date: 10-23-08 Daytime Phone #: 727-545-9514

Typed or printed name of signing Managing Member/Manager: Gerald W James