PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

16 JAN 27 AM 10:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000007689

1. Limited Liability Company's Name
CONVENT I, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
219 Scenic Gulf Drive	1990 Defoor Avenue
Suite, Apt. #, etc. Suite 710	Suite, Apt. #, etc.
City & State Destin, FL	City & State Atlanta, GA
Zip: 32550 Country: USA	Zip: 30318 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 01/22/08

6. FEI Number: Applied For ☐ Not Applicable ☑

7. CERTIFICATE OF STATUS DESIRED ☑ [redacted]

No mail

500281437465

8. Name and Address of Current Registered Agent

Name: Francois, Thierry,
Street Address (P.O. Box Number is Not Acceptable) Suite,: 219 Scenic Gulf Drive
Apt. #, Etc.: Suite 710
City: Destin | State: FL | Zip Code: 32550

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: [signature] REGISTERED AGENT MUST SIGN Date: 01/21/16

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Francois, Thierry	219 Scenic Gulf Drive, Suite 710	Destin, FL 32550
MGR	Distler, Schoeny	1990 Defoor Avenue	Atlanta, GA 30318

REINSTATEMENT
2015-2016

S. HAWKES
JAN 27 A.M.
EXAMINER

11. E-mail Address: thierry@francoisandco.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: [signature] Date: 01/21/16 Daytime Phone #: (404) 642-3422

Typed or printed name of signing authorized representative/member: Thierry Francois, Manager

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 972592 7610719

AUTHORIZATION : [signature]

COST LIMIT : $ 377.50

ORDER DATE : January 26, 2016

ORDER TIME : 3:27 PM

ORDER NO. : 972592-005

CUSTOMER NO: 7610719

RECEIVED
16 JAN 26 PM 4:51
NOT DELIVERED TO ACKNOWLEDGE SUFFICIENCY OF FILING

DOMESTIC FILINGS

NAME: CONVENT I, LLC

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____