PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE - COMPANY Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 10 JAN -6 AM H: 52 TALLAHASSEE, FLORIDA 1. Limited Liability Company's Name F-2 LLC CR2E041 (11/09) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 6 CASSIA CT. B BOX 298 4. State/Country of Formation -Lalid Suite, Apt. #, etc. City & State City & State 6. FEI Number Applied For 38-37918820 Not Applicable 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status 8. Name and Address of Current Registered Agent Name 💢 A \$100 reinstatement fee is imposed, except John A. in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable) receive the prior notices. By checking this 8101 FOREST DAKS box, you are certifying the prior notices were Suite, Apt. #. Etc. not received and requesting the \$100 reinstatement be waived. Çity Zip Code SPRING HILL 346 11 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 REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Member/Manager Titles City / State / Zip WERVER K. FERRINE 6 CASSIA CT, INSTATEMENT 09-10 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 1/6/2010 Daytime Phone # 352-382-36/2 Managing Member/Manager

Typed or printed name of signing Managing Member/Manager