

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000028606

1. Limited Liability Company's Name

FAIR WINDS CAPITAL, LLC

FILED
2011 FEB -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 5010 Summer Beach Blvd. Suite, Apt. #, etc. Sailmaker #507 City & State Fernandina Beach, FL Zip Country 32034 US		3. Mailing Office Address 5010 Summer Beach Blvd. Suite, Apt. #, etc. Sailmaker #507 City & State Fernandina Beach, FL Zip Country 32034 US	
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4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 3/24/2009	
6. FEI Number 26-4679904	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name F&L Corp			
Street Address (P.O. Box Number is Not Acceptable) One Independent Drive, Suite 1300			
Suite, Apt. #, Etc. Suite 1300			
City Jacksonville	State FL	Zip Code 32202	

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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 Charles V. Hedrick Charles V. Hedrick, Authorized Date December 28, 2010
REGISTERED AGENT MUST SIGN Signatory

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
Managing Member	James M. Perry	5010 Summer Beach Blvd.	Fernandina Beach, FL-32094
<div>REINSTATEMENT 10-11</div> <div>Q 2-2-11</div>			

11. E-mail Address: jmperry@fairwindscap.com (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 filing 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 Managing Member/Manager James M. Perry Date 1/27/11 Daytime Phone # 734-864-2026
Typed or printed name of signing Managing Member/Manager James M. Perry