PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 MAR 16 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/16/10--01034--017 **238.75

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (11/09)

DOCUMENT # L09000044092

1. Limited Liability Company's Name
Vult III, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
914 Rio Lindo	914 Rio Lindo
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: San Clemente, CA 92672	City & State: San Clemente, CA 92672
Zip: 92672 / Country: Sacramento	Zip: 92672 / Country: Sacramento

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 5-6-09

6. FEI Number: 27-2097738 ☐ Applied For ☐ 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: Joseph L. Diaz

Street Address (P.O. Box Number is Not Acceptable): 2522 W. Kennedy Blvd.

Suite, Apt. #, Etc.

City: Tampa | State: FL | Zip Code: 33609

☐ 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: Joseph Diaz (REGISTERED AGENT MUST SIGN) Date: 3-15-10

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
MGRM	Peter L. Brady	914 Rio Lindo	San Clemente CA 92672
MGR	Jeremiah Hartman	289 34th Street North	St. Petersburg, FL 37713

REINSTATEMENT - 2010

11. E-mail Address: jldiazlaw@aol.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 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 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: Peter Brady Date: 3/11/10 Daytime Phone #: 949-829-5677

Typed or printed name of signing Managing Member/Manager

CL