

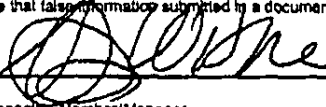


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 13 FEB 11 AM 9:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # LO9000065765					
1. Limited Liability Company's Name WITHERS - LLC					
2. Principal Office Address - No P.O. Box # 712 MAIN ST		3. Mailing Office Address 712 MAIN ST		4. State/Country of Formation FLORIDA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 07/07/2009	
City & State WINDERMERE, FL		City & State WINDERMERE, FL		6. FEI Number 27-0483118	
Zip 34786	Country USA	Zip 34786	Country USA	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 STEPHEN WITHERS Street Address (P.O. Box Number is Not Acceptable) 712 MAIN ST Suite, Apt. #, Etc.				E-mail Address: 900244430399 02/06/13--01021--028 **\$16.25	
City WINDERMERE		State FL	Zip Code 34786	(To be used for future annual report notices)	
9. I, being appointed the registered agent for the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent  Date Jan 30, 2013 REGISTERED AGENT MUST SIGN					
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		
PRES	STEPHEN WITHERS	712 MAIN ST	WINDERMERE FL 34786		
REINSTATEMENT 10-18					
FEB 11 2013					
T. SCOTT					
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 608.406, 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. 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 Managing Member/Manager 		Date 1/30/13	Daytime Phone # 321-945-2301		
Typed or printed name of signing Managing Member/Manager					

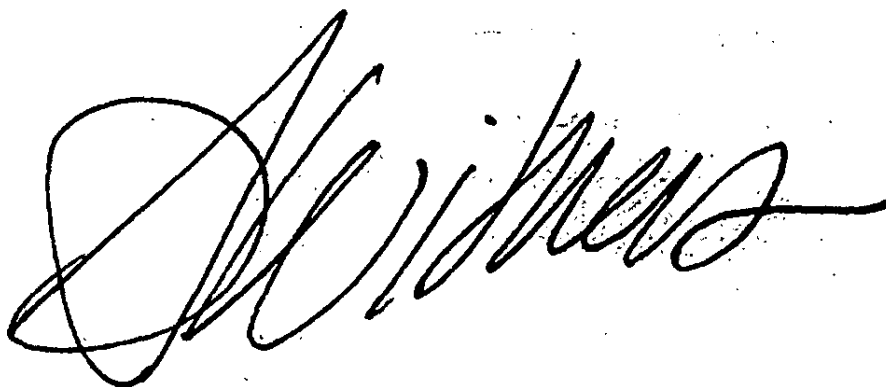
PLAN THEME PROGRAM DESIGN DOCUMENT VERIFY
WITHERS-LLC CONSULTING SERVICES

February 11, 2013
Florida Department of State

Attention: T. K. Scott

To whom it may concern,

I am the managing member of WITHERS-LLC

A large, stylized handwritten signature in black ink, appearing to read 'S. Withers'.

Stephen Withers