PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

The state of the s LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 13 HAR 19 PH 1:48 000086327 DOCUMENT # L\ SEURE ART WITHE Checks Lourge LLC REINSTATEMENT 11-13 CR2E041 (11/10) Principal Office Address - No P.O. Box # Mailing Office Address 4. State/Country of Formation Suite, Apt. #, etc. Suite, Apt. #, etc. Date Organized or Qualified To Do Business in Florida City & State City & State 6. FEI Number Not Applicable \$5.00 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status Name and Address of Current Registered Agent Name 100245880391 03/19/13--01021--011 **\$16.2\$ Box Number is Not Acceptable) noessee Stree Zip Code State 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 Date REGISTERED AGENT MUST SIGN Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of City / State / Zip Titles Managing Members/Managers 11 E-mail Address: (To be used for future annual report notifications) 12. I certify that I am a 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. I am aware that faile Signature of

mber/Manager

Typed or printed name of signing Managing I

Managing Member/Manager

pformation submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Date_

... Daytime Phone # .