PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 OCT 24 AM 9:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L11000111467

1. Limited Liability Company's Name
Vesuvius FL, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2130 Imperial Circle		2130 Imperial Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Naples, Florida		Naples, Florida	
Zip	Country	Zip	Country
34110	USA	34110	USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business In Florida
9/28/2011

6. FEI Number ☐ 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
CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd
Suite, Apt. #, Etc.
City: Plantation | State: FL | Zip Code: 33324

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9. I, being appointed the registered agent of the above named limited liability company, accept the appointment and the obligations of Chapter 605, F.S.

Signature of Registered Agent: Cardell Rankin Assistant Secretary — REGISTERED AGENT MUST SIGN
Date: 10/22/14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Christopher Swift	2130 Imperial Circle	Naples, FL 34110
MGRM	Mary Swift	2130 Imperial Circle	Naples, FL 34110

REINSTATEMENT

OCT 24 2014
R. HUNT

11. E-mail Address: mary.swift.jp@gmail.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: [signature] Date: 22 Oct 2014 Daytime Phone #: +852 91986936

Typed or printed name of signing Authorized Representative/Manager: Christopher Swift