
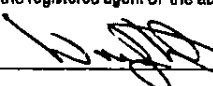
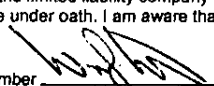


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: right;"> FILED 16 AUG 9 PM 12:49 SECRETARY OF STATE TALLAHASSEE FLORIDA </div>	
DOCUMENT # L14000024908					
1. Limited Liability Company's Name <div style="font-size: 1.2em;">5572 Worthington, LLC</div>					
2. Principal Office Address - No P.O. Box # <div style="font-size: 1.2em;">10 South Lake Ave.</div>		3. Mailing Office Address <div style="font-size: 1.2em;">10 South Lake Ave.</div>		<div style="text-align: right;"> 600288926716 08/09/16--01016--004 **1706.25 CR2E041 (1/14) </div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <div style="font-size: 1.2em;">Lake Butler, FL.</div>		City & State <div style="font-size: 1.2em;">Lake Butler, FL.</div>			
Zip <div style="font-size: 1.2em;">32054</div>	Country <div style="font-size: 1.2em;">Union</div>	Zip <div style="font-size: 1.2em;">32054</div>	Country <div style="font-size: 1.2em;">Union</div>		
4. State/Country of Formation <div style="font-size: 1.2em;">FL/Union</div>				5. Date Organized or Qualified To Do Business In Florida <div style="font-size: 1.2em;">2-12-2014</div>	
6. FEI Number <div style="font-size: 1.2em;">46-4838661</div>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$5.00 Additional Fee required for a certificate of status	
8. Name and Address of Current Registered Agent					
Name <div style="font-size: 1.2em;">William S. Wilson</div>					
Street Address (P.O. Box Number is Not Acceptable) Suite, <div style="font-size: 1.2em;">10 South Lake Ave.</div>					
Apt. #, Etc.					
City <div style="font-size: 1.2em;">Lake Butler</div>		State <div style="font-size: 1.2em;">FL</div>	Zip Code <div style="font-size: 1.2em;">32054</div>		
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. <div style="display: flex; justify-content: space-between;"> <div> Signature of Registered Agent  </div> <div> Date 8/8/16 </div> </div> <div style="text-align: center; margin-top: 5px;"> REGISTERED AGENT MUST SIGN </div>					
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		
MGR	William S. Wilson	10 South Lake Ave	Lake Butler, FL 32054		
			S. HAWKES AUG 11 A.M. EXAMINER		
11. E-mail Address: bill.wilson@msotekinc.com <small>(To be used for future annual report notifications)</small>					
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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.					
<div style="display: flex; justify-content: space-between;"> <div> Signature of authorized representative/member  </div> <div> Date 8/8/16 </div> <div> Daytime Phone # 386-496-4100 </div> </div>					
Typed or printed name of signing authorized representative/member					