PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

02 JUL 12 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

05 02

DOCUMENT # L03000000206

REINSTATEMENT 1995 2002

1. Limited Liability Company's Name
FLORIDA RENTAL & INVESTMENT COMPANY,L.C
2825 Denison Court

2. Principal Office Address	3. Mailing Office Address
2825 Denison Court	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cocoa, FL 32922	City & State
Zip: 32926 Country: BREVARD	Zip Country

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 6/30/1993

6. FEI Number: 76-0702949 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Fee

8. Name and Address of Current Registered Agent

Name: FLORETTA H. HIPP

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-07/15/02--01081--001
****505.00 ****505.00

Street Address (P.O. Box Number is Not Acceptable): 922 W. King Street

Suite, Apt. #, Etc.

City: Cocoa State: FL Zip Code: 32922

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: Floretta H. Hipp Date: July 11, 2002
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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	ECKHARD GRUBE	Bodelschwinghweg 2	32278 Kirchlengern
MEM	HEINZ HOBEL	Bodelschwinghweg 2	32278 Kirchlengern

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.

Signature of Managing Member/Manager: E. Grube Date: 7/11/02 Daytime Phone #: (321) 636-8801

Typed or printed name of signing Managing Member/Manager: ECKHARD GRUBE, Managing Member