PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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1. Limited Liability Company's Name
EASTMAN REYNOLDS INVESTMENT GROUP LC.

10/17/97

2. Principal Office Address	3. Mailing Office Address
7613 MARBELLA TERRACE	(SAME) 7613 MARBELLA TERR
Suite, Apt. #, etc.: 102	Suite, Apt. #, etc.: (SAME) 102
City & State: BOCA RATON, FL	City & State: (SAME) BOCA RATON, FL
Zip: 33433 Country: USA	Zip: 33433 (SAME) Country: USA

4. State/Country of Formation: FLA / USA

5. Date Organized or Qualified To Do Business in Florida: JULY 18, 1994

6. FEI Number: 59-3242300 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required. Not a Certification of Status.

8. Name and Address of Current Registered Agent

Name: RALPH FONDEUR

Street Address (P.O. Box Number is Not Acceptable): 7613 MARBELLA TERRACE

Suite, Apt. #, Etc.: 102

City: BOCA RATON State: FL Zip Code: 33433

CWS

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: [signature] Date: 11/15/2001
REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

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	ALBERT KOCHER	9164 LONG LAKE PALM DR.	BOCA RATON, FL 33496
MGRM	RALPH FONDEUR	7613 MARBELLA TERRACE	BOCA RATON, FL 33433
			Rein $100.00
			97-01UBR 250.00
			CWS 5.00
			355.00

REINSTATEMENT 1997 - 2001

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: [signature] Date: 11/17/2001 Daytime Phone #: 561-756-2959

Typed or printed name of signing Managing Member/Manager: RALPH FONDEUR