

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96000000389

1. Limited Liability Company's Name

Osprey Capital Management, LLC

2. Principal Office Address

4400 Marsh Landing Blvd.

Suite, Apt. #, etc.

Suite 6

City & State

Ponte Vedra Beach, FL

Zip

32002

Country

USA

3. Mailing Office Address

4400 Marsh Landing Blvd.

Suite, Apt. #, etc.

Suite 6

City & State

Ponte Vedra Beach, FL

Zip

32002

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

3/29/96

6. FEI Number

59-3395849

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

The Company Corporation

Street Address (P.O. Box Number is Not Acceptable)

1201 Hayes Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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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

Robert E. Mons

REGISTERED AGENT MUST SIGN

Date 1-12-2000

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
Pres.	Robert E. Mons	117 Island Dr.	Ponte Vedra, FL 32082

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

Robert E. Mons

Date 1-12-2000

Daytime Phone # 904-280-0280

Typed or printed name of signing Managing Member/Manager

Robert E. Mons