

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 APR -4 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96000000389

1. Limited Liability Company's Name

Osprey Capital Management, LLC

REINSTATEMENT

2001-
2002

2. Principal Office Address

4400 Marsh Landing

Suite, Apt. #, etc.

Suite 6

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

USA

3. Mailing Office Address

4400 Marsh Landing

Suite, Apt. #, etc.

Suite 6

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business In Florida

March 29, 1996

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Date 4/1/02

REGISTERED AGENT MUST SIGN

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
	Robert E. Mons, Jr.	117 Island Dr.	Ponte Vedra Beach, FL 32082
			6000005234886--B -04/18/02--01029--004 *****200.00 *****200.00
			6000005234886--B -04/18/02--01029--005 *****5.00 *****5.00

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 608.405, 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

Date 4/2/02

Daytime Phone #

(904)
280-0280

Typed or printed name of signing Managing Member/Manager

Robert E. Mons