L96000001159

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JUN -1 PM 1:56

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L96000001159

HOPE ISLAND, L.C.
c/o Dean, Mead & Minton
1903 S. 25th Street - Suite 200
Fort Pierce, FL 34947

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

1a. Principal Place of Business Address

c/o Dean, Mead & Minton
1903 S. 25th St. - Suite 200
Fort Pierce, FL 34947

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

3. Date Organized or Qualified: 10/31/96

3a. State of Formation: Florida

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired
$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

Steven C. Lee, Esq.
Dean, Mead & Minton
1903 S. 25th Street - Suite 200
Fort Pierce, FL 34947

8. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City | FL | Zip Code

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: Steven C. Lee (REGISTERED AGENT SIGN) Date: 5-26-98

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGRM	Lanigan, Brian	Oxenford 4210 - P.O. Box 20	Queensland, Australia
MGRM	Randal, Steve	Oxenford 4210 - P.O. Box 20	Queensland, Australia

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REINSTATEMENT 97-98

OK 6-1

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: Brian Lanigan Date: 12/26/97

Country Code 61
Daytime Phone # (408) 754-053

Typed or printed name of signing Managing Member/Manager: BRIAN LANIGAN.