PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

L96000001304

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
02 DEC 24 AM 10:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

500009413075
12/09/02--01025--009 **300.00

DOCUMENT # L96000001304

1. Limited Liability Company's Name

ONO East, L.C.

12/24 1997-2002 MJM

2. Principal Office Address		3. Mailing Office Address	
220 S. Palafox St		P.O. Drawer 12684	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Pensacola, Florida		Pensacola, Florida	
Zip	Country	Zip	Country
32501	USA	32591	USA

4. State/Country of Formation: Florida, Escambia County

5. Date Organized or Qualified To Do Business in Florida: 12/13/1996

6. FEI Number: 59-3436578 — 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: Douglas C. Halford

500009413075
12/24/02--01029--007 **100.00

Street Address (P.O. Box Number is Not Acceptable): 220 South Palafox Street

Suite, Apt. #, Etc.:

City: Pensacola — State: FL — Zip Code: 32501

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: Douglas C. Halford — Date: 12/16/02

REGISTERED AGENT MUST SIGN

CP2E041 (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	Douglas C. Halford	220 South Palafox Street	Pensacola, Florida 32501
MGRM	Nancy S. Halford	220 South Palafox Street	Pensacola, Florida 32501
MGRM	Timothy W. Wright	4 Port Royal Way	Pensacola, Florida 32501
MGRM	Dixie K. Wright	4 Port Royal Way	Pensacola, Florida 32501

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: Douglas C. Halford — Date: 12/1/02 — Daytime Phone # 850 433-0577

Typed or printed name of signing Managing Member/Manager: Douglas C. Halford