


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| <p>LIMITED LIABILITY COMPANY REINSTATEMENT</p> |  | <p>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</p> | <p style="text-align: center;">FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p style="text-align: center;">01 NOV 15 PM 2:26</p> | | | | | | | | | | | | | | | | | | | | |
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| <p>DOCUMENT # L98000000819</p> | | | | | | | | | | | | | | | | | | | | | | | |
| <p>1. Limited Liability Company's Name</p> <p style="font-size: 1.2em;">MOORE-LIN LLC</p> | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. Principal Office Address</p> <p>101 SW ANDOVER CT Suite, Apt. #, etc.</p> <p>City & State PORT SAINT LUCIE FLORIDA</p> <p>Zip Country 34953 ST. LUCIE USA</p> | | <p>3. Mailing Office Address</p> <p>101 SW ANDOVER CT Suite, Apt. #, etc.</p> <p>City & State FLORIDA</p> <p>Zip Country — USA</p> | | | | | | | | | | | | | | | | | | | | | |
| | | <p>4. State/Country of Formation</p> <p style="font-size: 1.2em;">FLORIDA</p> | | | | | | | | | | | | | | | | | | | | | |
| | | <p>5. Date Organized or Qualified To Do Business in Florida</p> <p style="font-size: 1.2em;">98</p> | | | | | | | | | | | | | | | | | | | | | |
| | | <p>6. FEI Number 650848090 69880960124</p> <p>Appl Not /</p> | | | | | | | | | | | | | | | | | | | | | |
| | | <p>7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee for a Certificate</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>8. Name and Address of Current Registered Agent</p> <p>Name KATHY RING MOORE 200004724812--3 -12/13/01--01061--012</p> <p>Street Address (P.O. Box Number is Not Acceptable) 101 SW ANDOVER COURT *****50.00 *****50.00</p> <p>Suite, Apt. #, Etc.</p> <p>City PORT SAINT LUCIE State FL Zip Code 34953</p> | | | | | | | | | | | | | | | | | | | | | | | |
| <p>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.</p> <p>Signature of Registered Agent Kathy R. Moore Date 10-17-01</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p> | | | | | | | | | | | | | | | | | | | | | | | |
| <p>10. Names and Street Addresses of Managing Members/Managers</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>KATHY R. MOORE</td> <td>101 SW ANDOVER CT</td> <td>PORT SAINT LUCIE FL, 34953</td> </tr> <tr> <td>MANAGER</td> <td>HENRY H. LIN</td> <td>414 STANTMOUNT DR</td> <td>WESTON, FL 33326</td> </tr> <tr> <td colspan="4" style="height: 40px;"> </td> </tr> <tr> <td colspan="4" style="height: 40px;"> </td> </tr> </tbody> </table> | | | | Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip | MANAGER | KATHY R. MOORE | 101 SW ANDOVER CT | PORT SAINT LUCIE FL, 34953 | MANAGER | HENRY H. LIN | 414 STANTMOUNT DR | WESTON, FL 33326 | | | | | | | | |
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| <p>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 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., 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 effect as if made under oath.</p> <p>Signature of Managing Member/Manager Kathy R Moore Date 10/17/01 Daytime Phone # (561) 879-677</p> <p>Typed or printed name of signing Managing Member/Manager KATHY RING MOORE</p> | | | | | | | | | | | | | | | | | | | | | | | |