PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 FEB 15 PM 12:01

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CR2E041 (11/09)

DOCUMENT # L98000003165

1. Limited Liability Company's Name
Maranatha Holdings, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1090 Don Mills Road	1090 Don Mills Road
Suite, Apt. #, etc.: Suite 400	Suite, Apt. #, etc.: Suite 400
City & State: Don Mills, Ontarios M3C 3R6 Canada	City & State: Don Mills, Ontario M3C 3R6 Canada
Zip: M3C 3R6 / Country: Canada	Zip: M3C 3R6 / Country: Canada

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/14/1998

6. FEI Number: 59-3547437 ☐ 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: Christian F. O'Ryan

Street Address (P.O. Box Number is Not Acceptable): 2700 N. Rocky Point Drive

Suite, Apt. #, Etc.: Suite 900

City: Tampa | State: FL | Zip Code: 33607

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: 2/11/2010
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
MGRM	Bob McArthur Auto Leasing, Ltd.	1090 Don Mills Road, Suite 400	Don Mills, Ontario M3C 3R6 Canada

REINSTATEMENT 2007-ID JBM

11. E-mail Address: jameem@mcarthurproperties.com
(To be used for future annual report notifications)

12. 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 608.408, 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: 2/5/2010 Daytime Phone #: 418-386-9645 x 222

Typed or printed name of signing Managing Member/Manager: _____