

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SEC. OF STATE
DIVISION OF CORPORATIONS
06 FEB 14 AM 11:08

DOCUMENT # L99000002214

1. Limited Liability Company's Name

SIMMONS LOOP INVESTMENTS, LLC

2. Principal Office Address

P.O. BOX 15456

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip
33766-5456

Country
USA

3. Mailing Office Address

P.O. BOX 15456

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip
33766-5456

Country
USA

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

04/15/1999

6. FEI Number

59-3588963

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

TAYLOR, JAMES A. III

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

5070 N. HIGHWAY A-1-A

Suite, Apt. #, Etc.

SUITE 200

City

VERO BEACH

State
FL

Zip Code
32963

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

REGISTERED AGENT MUST SIGN

JAMES A. TAYLOR, III

Date 2/6/06

772-231-4440

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	CALVIN H. BABCOCK	9200 S. Dadeland Boulevard, Suite 103	Miami, FL 33156
MGRM	WAINWRIGHT CAPITAL CORP.	P.O. BOX 15456	CLEARWATER, FL 33766-5456

REINSTATEMENT 03-06

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

C.I. Babcock, III

Date 02/01/2006

Daytime Phone# 727-791-0600

Typed or printed name of signing Managing Member/Manager C.I. BABCOCK, III, AS PRESIDENT OF WAINWRIGHT CAPITAL CORP., AS MANAGING MEMBER