PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAR -3 AM 8:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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CR2E041 (10/08)

DOCUMENT # L99000003674

1. Limited Liability Company's Name
Restructure Partners, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9519 E. Martin Luther King	
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.
City & State: Tampa FIA	City & State
Zip: 33610 Country: Hillsborough	Zip Country

4. State/Country of Formation: FIA / Hillsborough
5. Date Organized or Qualified To Do Business in Florida: 06-17-1999
6. FEI Number: 59-3583964 ☐ 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: John J. Ceccarelli
Street Address (P.O. Box Number is Not Acceptable): 9519 E. Martin Luther King Blvd
Suite, Apt. #, Etc.: Suite 100
City: Tampa State: FL Zip Code: 33610

☐ 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 2-23-2009
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
Pres. MGR	John J. Ceccarelli	9519 E. Martin Luther King	Tampa, FIA 33610

REINSTATEMENT
07-09

L. SELLERS
MAR - 4 2009
EXAMINER

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 _____ Date 2-23-09 Daytime Phone # 813 636-8111 Ext. 100

Typed or printed name of signing Managing Member/Manager _____

Restructure Partners, LLC

2-23-09

Divisions of Corporations
Registration Section
PO Box 6327
Tallahassee, Fla 32314

FOR: 990000023674
Restructure Partners, LLC

Dear Folks:

Enclosed is the executed Limited Liability Company Reinstatement Form. Also enclosed is a check for all fees of $541.25 The fees for Reinstatement are $516.25, For a Certificate of Status $5.00. And we need a Certified Copy of the Reinstatement, which we we told is $30.00. The Grand Total is $541.25.

Check is made out to Department of State

Please expedite ASAP

Thank

Regards

John J. Ceccarelli, Managing Member

9519 E. MLK Blvd., Ste 100; Tampa, Florida 33610-7400
Phone: (813) 636-8111 · Fax: (813) 639-4320