PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 AUG 20 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000004100

500006700135--9
-08/23/02--01058--009
****175.00 ****175.00

1. Limited Liability Company's Name
Lightship Enterprises L.L.C

2. Principal Office Address	**3.** Mailing Office Address
5728 Major Blvd	5728 Major Blvd
Suite, Apt. #, etc. 314	Suite, Apt. #, etc. Suite 314
City & State Orlando, FL	City & State Orlando, FL
Zip 32819 Country U.S.	Zip 32819 Country U.S.

4. State/Country of Formation Orange

5. Date Organized or Qualified To Do Business in Florida 7/7/1999

6. FEI Number ☐ 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

500006700135--9
-07/26/02--01031--005
*****25.00 *****25.00

Name: Charles Ehrler
Street Address (P.O. Box Number is Not Acceptable): 5728 Major Blvd
Suite, Apt. #, Etc.: Suite 314
City: Orlando State: FL Zip Code: 32819

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: Charles Ehrler Date: 7/23/02
REGISTERED AGENT MUST SIGN

CR2E041 (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
MGR	Charles Ehrler	5728 Major Blvd Suite 314	Orlando, FL 32819
MGR	Nolen Allen	5728 Major Blvd Suite 314	Orlando, FL 32819
MGR	Jim Thiele	5728 Major Blvd Suite 314	Orlando FL 32819
		REINSTATEMENT	

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: Charles Ehrler Date: 7/23/02 Daytime Phone # 407 363 7777

Typed or printed name of signing Managing Member/Manager: Charles Ehrler