Sent By: LESLIE ROBERT EVA... 2:20PM;

L99000005430

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2003

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000005430

1. Limited Liability Company's Name
Calloo Grove, LLC

2. Principal Office Address	3. Mailing Office Address
141 Barton Ave	P.O. Box 719
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Beach, FL	City & State: Glen Echo, MD
Zip: 33480 Country: USA	Zip: 20812 Country: USA

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida:
6. FEI Number: 52-2199449 (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: William L. Walde
Street Address (P.O. Box Number is Not Acceptable): 141 Barton Avenue
Suite, Apt. #, Etc.:
City: Palm Beach State: FL Zip Code: 33480

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: D. L. Walde — REGISTERED AGENT MUST SIGN — Date: 10/3/03

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	William L. Walde	141 Barton Ave	Palm Beach, FL 33480

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 608.408, 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: D. L. Walde Date: 10/3/03 Daytime Phone #: 561-320-9599

Typed or printed name of signing Managing Member/Manager: William L. Walde

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Rev. 10/03

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : LESLIE ROBERT EVANS & ASSOCIATES, P.A.
Account Number : 105260003565
Phone : (561)832-8288
Fax Number : (561)832-5722

LIMITED LIABILITY REINSTATEMENT

CALOO GROVE, L.L.C.

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