

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
Division of Corporations

DOCUMENT #M00000000550

1. Limited Liability Company's Name

MAPLE COMPANY, L.L.C.

2. Principal Office Address
2400 First Street

Suite, Apt. #, etc.

Suite 200

City & State

Fort Myers, FL

Zip
33901

Country
U.S.A.

3. Mailing Office Address
2400 First Street

Suite, Apt. #, etc.

Suite 200

City & State

Fort Myers, FL

Zip
33901

Country
U.S.A.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2001

4. State/Country of Formation
Florida, U.S.A.

5. Date Organized or Qualified

To Do Business in Florida

03/21/2000

6. FEI Number

43-1860126

Applied For

Not Applicable

7. Certificate of Status Desired ☒

\$5.00 Additional Fee
Required for Certificate
of Status

8. Name and Address of Current Registered Agent

Name

Steven W. Hubbard

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

2320 First Street, Suite 1000

City

Fort Myers

State
FL

Zip Code
33901-2904

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****155.00 ****155.00

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:

Steven W. Hubbard

Date

11/06/01

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	Christopher P. Janson	920 South Taylor Avenue	St. Louis, MO 63110
MGRM	Robert W. Flagg	920 South Taylor Avenue	St. Louis, MO 63110

11. I certify that I am a 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:

Christopher P. Janson

Date

11/06/01

Daytime Phone

(941)

344-0410

Type or printed name of signing Managing Member/Manager

Christopher P. Janson