

M00000001741

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
FILED

LIMITED LIABILITY COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR -7 PM 12:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M00000001741

1. Limited Liability Company's Name

AVALON ISLAND, L.L.C.

100015648211
04/10/03--01063--008 **255.00

MJH

2. Principal Office Address

1025-- 6th Avenue N

Suite, Apt. #, etc.

3. Mailing Office Address

1025 - 6th Avenue N

Suite, Apt. #, etc.

City & State

Kent, WA

City & State

Kent, WA

Zip

98032

Country

US

Zip

98032

Country

US

4. State/Country of Formation

Washington

5. Date Organized or Qualified
To Do Business in Florida

8/30/00

6. FEI Number

911699885

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

Ford W. Kiene

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

10928 Florida Crown Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32824

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

[Signature]

Date April / , 2003

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
MGR	Ford W. Kiene	10928 Florida Crown Drive	Orlando, FL 32824

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

[Signature]

Date April / , 2003 Daytime Phone # 407-851-7100

Typed or printed name of signing Managing Member/Manager

Ford W. Kiene

CR2E041 (10/02)