PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
01 DEC 24 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000001751

1. Limited Liability Company's Name

PK-1, L.L.C.

2. Principal Office Address		3. Mailing Office Address	
645 Gulf Shores Parkway		645 Gulf Shores Parkway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Gulf Shores, AL		City & State: Gulf Shores, AL	
Zip: 36542	Country: USA	Zip: 36542	Country: USA

4. State/Country of Formation: Alabama

5. Date Organized or Qualified To Do Business in Florida: 8/30/2000

6. FEI Number: 631209236 ☐ 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: Jeffrey T. Sauer

Street Address (P.O. Box Number is Not Acceptable): 510 E. Zaragoza

Suite, Apt. #, Etc.

City: Pensacola | State: FL | Zip Code: 32501

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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 _____ REGISTERED AGENT MUST SIGN Date 12/20/01

CR2E041 (9/00)

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	Shannon Systems, Inc.	645 Gulf Shores Parkway	Gulf Shores, AL 36542
MGRM	Gulf Shores Investments, LLC	26034 Perdido Beach Blvd.	Orange Beach, AL 36561

REINSTATEMENT 01 CWS

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 12-20-01 Daytime Phone # 251-948-1200

Typed or printed name of signing Managing Member/Manager Steve Shannon, President of Shannon Systems, Inc.