

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUN 25 PM 1:50

DOCUMENT # M00000001853

1. Limited Liability Company's Name

100 EAST PINE STREET, LLC

2. Principal Office Address

100 East Pine Street

Suite/Apt. #, etc.

Suite 608

City & State

Orlando, FL

Zip

32801

Country

USA

3. Mailing Office Address

100 East Pine Street

Suite, Apt. #, etc.

Suite 608

City & State

Orlando, FL

Zip

32801

Country

USC

4. State/Country of Formation

Delaware, USA

5. Date Organized or Qualified
To Do Business in Florida

September 11, 2000

6. FEI Number

59-3659553

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

Cameron Kuhn

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

100 East Pine Street

Suite, Apt. #, Etc.

Suite 608

City

Orlando

State
FL

Zip Code

32801

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

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	Kuhn-JDI Holdings, LLC	100 East Pine St., Suite 608	Orlando, FL 32801
		2001-	
	REINSTATEMENT	2002	800005977758--3

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

6/24/02

Daytime Phone # 407-540-9966

Typed or printed name of signing Managing Member/Manager

Cameron Kuhn, Managing Member

CR2E041 (9/99)



2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 638110 7107883

AUTHORIZATION :

Patricia Pizit

COST LIMIT : \$ 200.00

ORDER DATE : June 25, 2002

ORDER TIME : 11:28 AM

ORDER NO. : 638110-005

CUSTOMER NO: 7107883

CUSTOMER: W. Scott Callahan, Esq
Stump Storey & Callahan, P.a.
37 North Orange Ave.
Suite 200
Orlando, FL 32801

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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REINSTATEMENT

NAME: 100 EAST PINE STREET, LLC

RECEIVED
02 JUN 25 PM 1:00
DIVISION OF CORPORATIONS

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

EXAMINER'S INITIALS _____