

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 31 AM 11:01

DOCUMENT # M02000000591

1. Limited Liability Company's Name

FLAGSTONE HOLDINGS, L.L.C.

2. Principal Office Address

4040 N.E. 2ND AVE

Suite, Apt. #, etc.

SUITE 306

City & State

MIAMI, FLORIDA

Zip

33137

Country

USA

3. Mailing Office Address

C/O V A WALKER

Suite, Apt. #, etc.

P.O. BOX 910

City & State

ADDISON, TEXAS

Zip

75001-0910

Country

USA

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

03/06/2002

6. FEI Number

61-1405024

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

GRANT M KORNMAN

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

360 COLLINS AVENUE,

Suite, Apt. #, Etc.

#303

City

MIAMI BEACH

500061044055

10/31/05--01046--012 **150.00

State

FL

Zip Code

33139

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

Grant M. Kornman

Date

Oct 17, 2005

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	GMK II, L.P.	C/O VA WALKER, BOX 910	ADDISON, TEXAS 75001
MGR	THOMAS E LEWIS, JR.	3326 MARY ST, # 302	COCONUT GROVE, FL 33133

REINSTATEMENT 2005

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

Daytime Phone #

472-588-3395

Typed or printed name of signing Managing Member/Manager

GRANT M KORNMAN