PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 APR -8 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (12/07)

DOCUMENT # M02000001462

1. Limited Liability Company's Name

Interim West Coast, LLC

06

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1936 Lee Road	1936 Lee Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
#105B	#105B
City & State	City & State
Winter Park, Florida	Winter Park, Florida
Zip / Country	Zip / Country
32789 / USA	32789 / USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 08/06/2002

6. FEI Number: 412037413 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $30.00 Additional to request the certificate of status

6. Name and Address of Current Registered Agent

Name: Cathy Laschober

Street Address (P.O. Box Number is Not Acceptable): 1936 Lee Road

Suite, Apt. #, Etc.: #105B

City: Winter Park | State: FL | Zip Code: 32789

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Cathy Laschober — Date: 4/7/08

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	Cathy Laschober	1936 Lee Road, #105B	Winter Park, Florida 32789
	REINSTATEMENT	2006 - 2008	300122569023

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 608.408, 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: Cathy Laschober — Date: 4/7/08 — Daytime Phone #: 407-415-8038

Typed or printed name of signing Managing Member/Manager: Cathy Laschober

CSC.

CORPORATION SERVICE COMPANY

M02000001462

RECEIVED
08 APR -8 AM 10:43
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 518853 5011226

AUTHORIZATION : Lynn Coleman

COST LIMIT : $ 551.25

ORDER DATE : April 7, 2008

ORDER TIME : 5:41 PM

ORDER NO. : 518853-005

CUSTOMER NO: 5011226

DOMESTIC FILINGS

FILED
08 APR -8 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NAME: INTERIM WEST COAST, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
_____ PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - Ext# 2951

EXAMINER'S INITIALS _____