PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -5 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/05/04--01016--008 **200.00

DOCUMENT # M02000002285

1. Limited Liability Company's Name
DOWN UNDER ENTERPRISES, LLC

2. Principal Office Address	3. Mailing Office Address
5918 BAHAMA SHORES DRIVE S.	5918 BAHAMA SHORES DRIVE S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. PETERSBURG, FL	City & State: ST. PETERSBURG, FL
Zip: 33705 / Country: USA	Zip: 33705 / Country: USA

4. State/Country of Formation: NC

5. Date Organized or Qualified To Do Business in Florida: 8/30/02

6. FEI Number: 146-34-0697 — 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: PJ BENTON

Street Address (P.O. Box Number is Not Acceptable): 5918 BAHAMA SHORES DRIVE S.

Suite, Apt. #, Etc.

City: ST PETERSBURG — State: FL — Zip Code: 33705

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: PJ Benton — Date: 4/27/04

REGISTERED AGENT MUST SIGN

CR2E041 (8/01)

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	PJ BENTON	5918 BAHAMA SHORES DRIVE S.	ST. PETERSBURG, FL 33705

REINSTATEMENT 2003-2004 5/13 mst

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: PJ Benton — Date: 4/27/04 — Daytime Phone: (704) 426-1001

Typed or printed name of signing Managing Member/Manager: P.J. Benton

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