PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 MAY 20 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000002285

1. Limited Liability Company's Name

DOWN UNDER ENTERPRISES, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2028 Cross Beam Drive		P.O. Box 19707	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Charlotte, NC		Charlotte, NC	
Zip	Country	Zip	Country
28217	USA	28219	USA

4. State/Country of Formation: NC

5. Date Organized or Qualified To Do Business in Florida: 08/30/2002

6. FEI Number: 14-6340697 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑

8. Name and Address of Current Registered Agent

Name: P.J. Benton

Street Address (P.O. Box Number is Not Acceptable): 5918 Bahama Shores Drive South

Suite, Apt. #, Etc.:

City: St. Petersburg | State: FL | Zip Code: 33705

☐ 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: P.J. Benton — Date: 5/2/08

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
Manager/ Member	P.J. Benton	2028 Cross Beam Drive	Charlotte, NC 28217

REINSTATEMENT 0508

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: P.J. Benton — Date: 5/2/08 — Daytime Phone # 704-426-1001

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

Florida Department of State
Division of Corporations
Public Access System

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DOWN UNDER ENTERPRISES, LLC

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