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Typed or printed name of signing Managing Member/Manager

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PLEASE READ ALL INSTRU SECRETARY OF STATE TALLAHASSEE, FLORIDA LIMITED LIABILITY & FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS DOCUMENT#** BK 1. Limited Liability Company's Name Santa Rosina, LLC CR2E041 (1/07) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 21819 Highway 98 West 21819 Highway 98 West 4. State/Country of Formation Delaware Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified To Do Business in Florida July 9, 2003 City & State City & State Applied For 6. FEI Number Sunnyside Beach, Florida Sunnyside Beach, Florida 35-2193143 Not Applicable Zip Country Country CERTIFICATE OF STATUS DESIRED \$5.90 Additional Fee required for a Certificate of Status 32413 32413 USA 8. Name and Address of Current Registered Agent Name VIA \$100 reinstatement fee is imposed, except Reid Moore, Jr. in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable) receive the prior notices. By checking this 30 Coccanut Row 125 WORTH AVENUE box, you are certifying the prior notices were Suite, Apt. #, Etc. not received and requesting the \$100 Suite 445 310 reinstatement be walved. City Zip Code Palm Beach 33480 am familiar with and accept the obligations of Chapter 808, F.S. 9. I, being appointed the registered agent Signature of Registered Agent 7-28-07 REGISTERED AGENT MUST SIG 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Menager Name of Managing Members/Managers Titles City / State / Zip Managei Humphrey Barrett Heywood, III 1506 Lexington Street Chattanooga, TN 37405 08/16/07--01036--020 REINSTATEMENT 4 11. I cartify 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 fling this retreatatement 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 ceth. 8/01/07 Daytime Phone# 423987213) Humphrey Barrett Heywood, III