PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 DEC -8 AM 10:08
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # M03000004289

1. Limited Liability Company's Name
FCO3, LLC

2. Principal Office Address	3. Mailing Office Address
10500 WINBOROUGH DRIVE	5005 Texas Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite 105
City & State	City & State
PORT CHARLOTTE FL	San Diego, CA
Zip / Country	Zip / Country
33981 / USA	92108 / USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/16/2003

6. FEI Number: 432030305 ☐ 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: Paracorp Incorporated

Street Address (P.O. Box Number is Not Acceptable): 236 East 6th Avenue

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32303

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: Denise Bellamer Date: 12/7/06
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
MGRM	KAPLAN, HOWARD B MR.	5005 Taxas Street, Suite 105	San Diego, CA 92108
MGRM	CHANDLER, CHRIS	850 Beech Street, Unit 2004	San Diego, CA 92101
	REINSTATEMENT 2006 DB	000082540470 12/14/06--01016--012 **450.00	

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: [signature] Date: 12/5/06 Daytime Phone #: (619) 220-6700

Typed or printed name of signing Managing Member/Manager: Mr. Howard B Kaplan