PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

LIMITED LIABILITY COMPANY REINSTATEMENT *

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 25 PM 4:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

10/25

DOCUMENT # M03000004347

1. Limited Liability Company's Name
Freedom Resort & Spa, LLC

2. Principal Office Address
8600 W. Irlo Bronson Hwy
Suite, Apt. #, etc.
City & State: Kissimmee, FL
Zip: 34747-1001 Country: USA

3. Mailing Office Address
8600 W. Irlo Bronson Hwy
Suite, Apt. #, etc.
City & State: Kissimmee, FL
Zip: 34747-1001 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 12/30/2003

6. FEI Number: 20-0351633 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: Vista Pros, LLC
500042169875
10/25/04--01091--009 **50.00

Street Address (P.O. Box Number is Not Acceptable): 222 S. Pennsylvania Avenue
Suite, Apt. #, Etc.: 200
City: Winter Park State: FL Zip Code: 32789

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: [signature] Date: 10/18/04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	Vista Pros,LLC	222 S. Pennsylvania Ave. Ste 200	Winter Park, FL 32789

* REINSTATEMENT 2004
w/o Penalty fees

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: 10/18/04 Daytime Phone #: 407-647-2899

Typed or printed name of signing Managing Member/Manager: Vista Pros, LLC

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ROBERT P. SALTSMAN, P. A.

Attorney at Law

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Winter Park, Florida 32789
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Winter Park, Florida 32790
Writer's E-Mail Address:
Bob@saltsmanpa.com

October 20, 2004

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Limited Liability Company Reinstatement
Freedom Resort & Spa, LLC

Dear Sir/Madam:

Enclosed is the Limited Liability Company Reinstatement for Freedom Resort & Spa, LLC. The company had not filed its annual report because it had not received its notice to file from the Secretary of State. Under the circumstances, we would respectfully request that the penalty for reinstatement be abated. Enclosed is a check in the amount of $50.00 for the Annual Report Fee for the current year.

We appreciate and thank you for your attention and consideration. Please call us immediately if there are any questions.

Sincerely,

Robert P. Saltsman

RPS/no
Enclosures