FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN 26 AM 7:14

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLET

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT DS-09 Sam

CR2E041 (12/07)

DOCUMENT # M05000 00000

1. Limited Liability Company's Name
KETCHUM PALM HARBOR, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
500 ARROYO SQUARE	526 ALISO AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SOUTH PASADENA, CALIF	City & State: NEWPORT BEACH, CALIF.
Zip: 91030 Country: USA	Zip: 92663 Country: USA

4. State/Country of Formation: USA

5. Date Organized or Qualified To Do Business in Florida: 1-3-05

6. FEI Number: ☐ Applied For ☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required

8. Name and Address of Current Registered Agent

Name: CSC

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

☒ 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: Alana Purves Asst Sec. CSC Date: 4/20/09
Alana Purves
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	SCOTT KETCHUM	526 ALISO AVENUE	NEWPORT BEACH CALIF 92663
Mgr	P.W. KETCHUM	500 ARROYO SQUARE	SOUTH PASADENA CALIF 91030

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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 608.408, 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: Scott Ketchum Date: 4-20-09 Daytime Phone #: 949 631-2465

Typed or printed name of signing Managing Member/Manager: SCOTT M. KETCHUM

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