

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 20 AM 10:43

DOCUMENT # M05000003120

1. Limited Liability Company's Name

Fifth Base LLC
1550 Carmel Circle, Suite 505
Casselberry, FL 32707

2. Principal Office Address

1550 Carmel Circle

Suite, Apt. #, etc.

505

City & State

Casselberry, FL

ZIP

32707

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

ZIP

Country

CR2E041 (8/05)

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

06/09/2005

6. FEI Number

81-0674800

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

Harold W. Grinstaff

Street Address (P.O. Box Number is Not Acceptable)

1550 Carmel Circle

Suite, Apt. #, Etc.

505

City

Casselberry

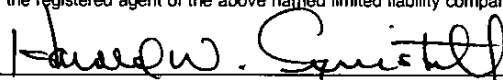
State

FL

ZIP Code

32707

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

Date 12 OCT 2006

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	Harold W. Grinstaff	1550 Carmel Cir. #505	Casselberry, FL 32707
MGRM	Mark W. Grinstaff	1550 Carmel Cir. #505	Casselberry, FL 32707

REINSTATEMENT 2006

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

Date 12 OCT 2006

Daytime Phone # 407-970-0747

Typed or printed name of signing Managing Member/Manager Harold W. Grinstaff