

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JAN -8 PM 2:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000006684

1. Limited Liability Company's Name

PPL/CRG-MELBOURNE, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
825 S. TAFT AVE

Suite, Apt. #, etc.

3. Mailing Office Address
825 S. TAFT AVE

Suite, Apt. #, etc.

City & State
MASON CITY, IA

Zip
50401

Country
USA

City & State
MASON CITY, IA

Zip
50401

Country
USA

4. State/Country of Formation
IOWA

5. Date Organized or Qualified
To Do Business in Florida 12/05/2005

6. FEI Number
20-3759274

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
ALBERT CLARK

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

Suite, Apt. #, Etc.
SUITE 400

City
ORLANDO

State
FL

Zip Code
32810

☐ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date January 6, 2009

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	WENDELL W. COREY	825 S. TAFT AVE	MASON CITY, IA 50401

000139911610
01/07/09--01052--002 **521.29

REINSTATEMENT 07,09

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 1-5-2009

Daytime Phone # 641-424-3330

Typed or printed name of signing Managing Member/Manager

Wendell W. Corey