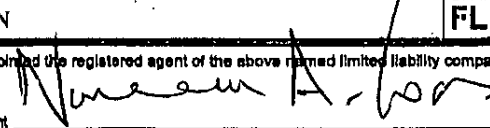
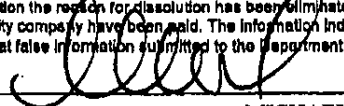


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M15000001750					
1. Limited Liability Company's Name FLT SPANISH OAKS, LLC					
2. Principal Office Address - No P.O. Box # 2082 MICHELSON DRIVE Suite, Apt. #, etc. 4TH FLOOR City & State IRVINE, CA Zip 92612 Country USA			3. Mailing Office Address 2082 MICHELSON DRIVE Suite, Apt. #, etc. 4TH FLOOR City & State IRVINE, CA Zip 92612 Country USA		
4. State/Country of Formation DELAWARE			5. Date Organized or Qualified To Do Business In Florida 03/6/15		
6. FEI Number			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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD Suite, Apt. #, Etc. City PLANTATION State FL Zip Code 33324					
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent  Naseem A. Conde 1.17.17 REGISTERED AGENT MUST SIGN Special Assistant Secretary					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representative/Managers	Street Address of Each Authorized Representative/Manager		City / State / Zip	
MGR	MICHAEL B. EARL	2082 MICHELSON DRIVE, 4TH FLOOR		IRVINE, CA 92612	
REINSTATEMENT 2016-2017					
11. E-mail Address: NANCY@DUBONNET.LAW (To be used for future annual report notifications)					
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S. Signature of Authorized Representative/Manager  Date 1-17-17 Daytime Phone # 949-399-2525 Typed or printed name of signing Authorized Representative/Manager MICHAEL B. EARL, MANAGER					

JAN 17 2017

L BERGER

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date:

1/17/17
ACCT. #20160000072

en: c SW

Name:	FLT SPANISH OAKS, LLC
Document #:	
Order #:	10331002

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

Filing:	Certified:
	<u>Plain:</u>
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 327.50

RECEIVED
DEPARTMENT OF
17 JAN 17 PM 3:58

Thank you!