

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M97000000383**

1. Limited Liability Company's Name

International Radiology Group, L.L.C.

2. Principal Office Address

1909 Hiline Drive

Suite, Apt. #, etc.

City & State

Dallas, Texas

Zip

75207

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FILED

00 DEC 29 AM 11:01

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

REINSTATEMENT

2000

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

03/23/97

6. FEI Number

75-2619665

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301

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

Dolores Burton, asst VP

REGISTERED AGENT MUST SIGN

Date **12/12/00**

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

SEE ATTACHED

500003554575--0

-01/19/01--01007--005

*******150.00 *****150.00**

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

J.R. Holland, Jr.

Date **12/18/00**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

J.R. Holland, Jr.

INTERNATIONAL RADIOLOGY GROUP, LLC
MANAGERS

Name	Business Address
Michael Blackburn	Petra Capital L.L.C. 172 Second Avenue North, Suite 112 Nashville, Tennessee 37201 615-313-5999 615-313-5990 (Fax)
Thomas Fowler	Hunt Capital Partners 1601 Elm Street, Suite 400 4000 Thanksgiving Tower Dallas, Texas 75201 214-720-1623 214-720-1662 (Fax)
Jim Holland, Jr.	Hunt Capital Partners 1601 Elm Street, Suite 400 4000 Thanksgiving Tower Dallas, Texas 75201 214-720-1621 214-720-1662 (Fax)
H. Hays Lindsley	Petrus Fund, L.P. (Perot Investments) 12377 Merit Drive Dallas, Texas 75251 972-788-3073 972-788-3097 (Fax)
C.J. Lorio	Director of Business Development Salute 12377 Merit Drive, Suite 1700 Dallas, Texas 75251 972-788-3072 972-788-3097 (Fax)
Brad Oldham	Hunt Capital Partners 1) 1601 Elm Street, Suite 400 4000 Thanksgiving Tower Dallas, Texas 75201 214-720-1624 214-720-1662 (Fax) 2) 13492 Research Boulevard Suite 120 PMB263 Austin, Texas 78750 512-258-0001 512-258-0009 (Fax)
Dr. A. Winston Puig	3424 Gillespie, Villa No. 8 Dallas, Texas 75219 214-522-4300 214-522-1333 (Fax)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 29 AM 11:01 *uf*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

DOCUMENT # L97000001453

1. Limited Liability Company's Name

REX QUALITY DEVELOPMENT, L.C.
PO Box 195
Winter Haven, Florida 33882-0195

2. Principal Office Address

PO Box 195

Suite, Apt. #, etc.

City & State

Winter Haven, FL 33882

Zip

Country

3. Mailing Office Address

PO Box 195

Suite, Apt. #, etc.

City & State

Winter Haven, FL 33882

Zip

Country

4. State/Country of Formation
Florida

**5. Date Organized or Qualified
To Do Business in Florida**

12/31/1997

6. FEI Number

59-3477137

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

Cynthia Crofoot Rignanese, Esquire

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

198 First Street South

Suite, Apt. #, Etc.

City

Winter Haven

State
FL

Zip Code
33880

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 12/21/00

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	Adriano Feoli, Jr.	22 Casarena Court	Winter Haven, FL 33881
mgrm	Juan Carlos Feoli	22 Casarena Court	Winter Haven, FL 33881

800003554578--1
-01/19/01--01007--006
****150.00 ****150.00

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 DEC. 20/00 Daytime Phone #

Typed or printed name of signing Managing Member/Manager

ADRIANO FEOLI JR.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 DEC 29 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

M98-1011

1. Limited Liability Company's Name

MGM NETWORKS LATIN AMERICA LLC.

REINSTATEMENT 2000

2. Principal Office Address

2800 PONCE DE LEON BLVD

Suite, Apt. #, etc.

#1320

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. Mailing Office Address

2800 PONCE DE LEON BLVD

Suite, Apt. #, etc.

#1320

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

4. State/Country of Formation

DELAWARE

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

95-4694430

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

MELVIN PEREZ

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

C/O MGM, 2800 PONCE DE LEON BLVD, SUITE 1320

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

12/22/00

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
PRES	GUSTAVO PIRRO MAYO	2800 PONCE DE LEON BLVD, #1320	CORAL GABLES, FL, 33134
SA VP & CFO	MELVIN PEREZ	2800 PONCE DE LEON BLVD, #1320	CORAL GABLES, FL, 33134
			300003554579--8 -01/19/01--01007--007 ****150.00 ****150.00

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

10/24/00

Daytime Phone #

(305) 445-4350

Typed or printed name of signing Managing Member/Manager

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 DEC 29 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L99-2116

1. Limited Liability Company's Name

SARASOTA FILMS LLC

REINSTATEMENT 2000

2. Principal Office Address

16309 RAMBLING VINE DR. W.

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip

33624

Country

HILLSBOROUGH

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

59-3569926

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

DAMIAN KARCH

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

16309 RAMBLING VINE DR. W.

Suite, Apt. #, Etc.

City

TAMPA, FL

State

FL

Zip Code

33624

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

REGISTERED AGENT MUST SIGN

Date 10/26/00

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	DAMIAN KARCH	16309 RAMBLING VINE DR. W.	TAMPA, FL 33624
MGR	PATRICIA M. HOPKINS	16309 RAMBLING VINE DR. W.	TAMPA, FL 33624
MGR	EDWARD G. KARCH	8 FLEMOE PL. #103	DUNEDIN, FL 33698

000003554580--5
-01/19/01--01007--008
****150.00 ****150.00

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

10/26/00

Daytime Phone #

(813)264-2528

Typed or printed name of signing Managing Member/Manager

DAMIAN KARCH

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

L99-8763

1. Limited Liability Company's Name

D.E.L.A. Investments, L.L.C.

00 DEC 29 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

2000

2. Principal Office Address

4932 Gall Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zephyrhills

City & State

Fl. 33541

Zip

33511

Country

US

Zip

Country

4. State/Country of Formation

Fl.

5. Date Organized or Qualified
To Do Business in Florida

Dec. 99

6. FEI Number

59-3609931

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

Dennis Bailey

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

4932 Gall Blvd.

Suite, Apt. #, Etc.

City

Zephyrhills

State

FL

Zip Code

33541

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

X Dennis Bailey

REGISTERED AGENT MUST SIGN

Date 12-20-00

10. Names and Street Addresses of Managing Members/Managers

Titles

Managing Members/Managers

Street Address of Each
Managing Member/Manager

City / State / Zip

Member
X Dennis Bailey
X Dennis Bailey

7370 Palms Rd.

Fair Haven Mi 48023

4932 Gall Blvd.

Zephyrhills Fl. 33541

300003554583--6

-01/19/01--01007--009

****150.00 ****150.00

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

X Dennis Bailey

Date 12-20-00

Daytime Phone # 813-779-8800

Typed or printed name of signing Managing Member/Manager

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 DEC 29 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 97000001370

1. Limited Liability Company's Name

Hueso Grande Trading Co. L.C.
513 Fleming St
Key West FL 33040

2. Principal Office Address

513 Fleming St

3. Mailing Office Address

513

400003554584--3

-01/19/01--01007--010

****150.00 ****150.00

4. State/Country of Formation

FLA

5. Date Organized or Qualified
to Do Business in Florida

6. FEI Number

65 0798799

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

Wayne KRUER

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

600 Whitfield St

Suite, Apt., Etc.

City

Key West

State
FL

Zip Code

33040

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

REGISTERED AGENT MUST SIGN

SEE ATTACHED

Date

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

MM Marshall L. Smith

3023 N. Clark St #197 Chicago IL 60657

REINSTATEMENT

11. I hereby declare I am managing member/manager of the above named limited liability company and am authorized 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 was properly disclosed and 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 provided on this application is true and accurate, and my signature shall have the same legal effect as if signed under oath.

Signature of
Managing Member/Manager

M L S

Date 12/27/00

Day Phone Number

(305) 294 2504

Print Name of Managing Member/Manager

Marshall L. Smith

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608 , Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: Hueso Grande Trading Co. L.C.

2. The name and street address of the registered agent and office is: Wayne Kruere

600 Whitehead Street

Key West, FL 33040

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 29 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

2000

DOCUMENT #

L96-537

1. Limited Liability Company's Name

Southeast Digital Mapping, LLC
5821 Rangeline Road, Suite 101
Theodore, AL 36582

2. Principal Office Address

5821 Rangeline Road

3. Mailing Office Address

5821 Rangeline Road

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

Theodore, AL

City & State

Theodore, AL

Zip

36582

Country

USA

Zip

36582

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

63-1179973

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

Candace L. Phelps

200003554022-6

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

3655 SW 2nd Avenue Suite 3-C

01/18/01-01074-009

****150.00 ****150.00

Suite, Apt. #, Etc.

Suite 3-C

City

Gainesville

State

FL

Zip Code

32607

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

Candace L. Phelps

Date 12/28/00

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
Mr.	WILL PAGE	5821 Rangeline Rd. 101	Theodore, AL 36582

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

Will Page

Date 12/29/00

Daytime Phone# (334) 443-6979

Typed or printed name of signing Managing Member/Manager WILL PAGE

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M97000000390

1. Limited Liability Company's Name

Hobson LLC

2. Principal Office Address

642 Lincoln Street

Suite, Apt. #, etc.

City & State

Eugene, Oregon

Zip

97401

Country

USA

3. Mailing Office Address

642 Lincoln Street

Suite, Apt. #, etc.

City & State

Eugene, Oregon

Zip

97401

Country

USA

FILED

00 DEC 29 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

2000

4. State/Country of Formation

Nevada/USA

**5. Date Organized or Qualified
To Do Business in Florida**

July 1, 1997

6. FEI Number

88-0368263

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

Dennis Bayer

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

306 South Oceanshore Blvd.

Suite, Apt. #, Etc.

City

Flagler Beach

State

FL

Zip Code

32136

500003554025-6

-01/18/01--01074--010

****150.00 ****150.00

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

Dennis K Bayer

REGISTERED AGENT MUST SIGN

Date 2/02/01

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	Richard J. Segal	23649 Long Valley Road	Hidden Hills, CA 91302
MGR	Lawrence F. Cooley	642 Lincoln Street	Eugene, OR 97401

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

L F Cooley

Date 12/28/00

Daytime Phone # 541-686-2231

Typed or printed name of signing Managing Member/Manager Lawrence F. Cooley

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 29 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

M98-1535

1. Limited Liability Company's Name

SMITH AND RADIGAN, CPA, LLC

REINSTATEMENT 2000

2. Principal Office Address

3. Mailing Office Address

780 JOHNSON FERRY ROAD

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 600

City & State

City & State

ATLANTA, GA.

Zip

Country

Zip

Country

30342-1434 USA

4. State/Country of Formation

GEORGIA

**5. Date Organized or Qualified
To Do Business in Florida**

3/21/99

6. FEI Number

58-2359481

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

TIMOTHY P RADIGAN

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

3040 GRAND BAY BLVD

Suite, Apt. #, Etc.

SUITE 282

City

LONG BEACH, NEY,

300003554029-4

-01/18/01--01074--011

****150.00 ****150.00

State

Zip Code

FL

34228

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 12/26/00

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
PLO	R SCOTT THACKMAN	780 JOHNSON FERRY ROAD SUITE 600	ATLANTA, GA 30342
SBC	HENRY B. BENT	✓	✓
TREAS	JOHN J SMITH	✓	✓
V.P.	TIMOTHY P RADIGAN	✓	✓

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 12/26/00

Daytime Phone # 770-394-3601

Typed or printed name of signing Managing Member/Manager

TIMOTHY P RADIGAN

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 29 AM 10:11 *rf*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L99-1766
Natural Snacks, L.C..

2. Principal Office Address

14055 SW 142 AVE.

Suite, Apt. #, etc.

** 2*

City & State

Miami FL.

Zip

33143

Country

USA.

3. Mailing Office Address

P.O. Box 430768

Suite, Apt. #, etc.

City & State

Miami FL.

Zip

33243

Country

USA.

REINSTATEMENT 2000

4. State/Country of Formation

State of Florida.

**5. Date Organized or Qualified
To Do Business in Florida**

3-24-99

6. FEI Number

65-0915215

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

GERALD S. DUTY

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

1930 Tyler Street

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

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

Manuel I. Ruby
REGISTERED AGENT MUST SIGN

Date *12-15-00*

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
<i>Managing Member</i>	<i>Hernando Valencia</i>	<i>7601 S.W. 63rd court</i>	<i>Miami FL 33143.</i>

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 *12-18/00*

Daytime Phone # *(305) 807-0119*

Typed or printed name of signing Managing Member/Manager

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L98000003017

1. Limited Liability Company's Name

Simmons Marine LLC.

FILED
00 DEC 29 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

2. Principal Office Address

2290 Michigan St.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Melb FL

City & State

Zip 32904 Country U.S.A.

4. State/Country of Formation

FL. U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

11-24-98

6. FEI Number

59-3546680

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

Daniel E Simmons

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

2290 Michigan St

Suite, Apt. #, Etc.

City

Melb

State
FL

Zip Code

32904

200003554172-9
-01/18/01-01074-013
****150.00 ****150.00

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

Daniel E Simmons

Date 12-28-00

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
MEM	Daniel Simmons	2290 Michigan St	Melb, FL 32904

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

Daniel Simmons

Date 12-28-00 Daytime Phone # 321 728 7476

Typed or printed name of signing Managing Member/Manager Daniel Simmons

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 29 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006136

1. Limited Liability Company's Name

WPV RESTAURANT, LLC

REINSTATEMENT 200

2. Principal Office Address

1918 ROWENA AVENUE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32803

Country

US

3. Mailing Office Address

1918 ROWENA AVENUE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32803

Country

US

4. State/Country of Formation
FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida** 09/28/1999

6. FEI Number

59-360117

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

KOVAR, ERIC F.

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

1918 ROWENA AVENUE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32803

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

Eric F. Kovar

REGISTERED AGENT MUST SIGN

Date 12/31/00

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	WPV BARCO, INC.	1918 ROWENA AVENUE	ORLANDO, FL 32803

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.

WPV BARCO, INC., Managing Member

Signature of
Managing Member/Manager By: *Eric F. Kovar* Date 12/31/00 Daytime Phone # (407) 691-4653

Eric F. Kovar, President

Typed or printed name of signing Managing Member/Manager

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 29 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 98 00000500

1. Limited Liability Company's Name

FTA INTERNATIONAL INVESTMENTS L.C.

REINSTATEMENT 2000

2. Principal Office Address

3808 HUNTERS

Suite, Apt. #, etc.

ISLE DRIVE

City & State

ORLANDO FL

Zip

32837

Country

USA

3. Mailing Office Address

P.O. Box 771630

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32877-1630

Country

USA

4. State/Country of Formation

FL

**5. Date Organized or Qualified
To Do Business in Florida**

1998

6. FEI Number

59-350 6659

☒ Applied For

☐ Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$300 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

3808 FTA INTERNATIONAL INVESTMENTS L.C.

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

3808 HUNTERS ISLE DRIVE

Suite, Apt. #, Etc.

ORLANDO

City

ORLANDO

State

FL

Zip

32837

700003554177-3

01/18/01-01074-015

****150.00 ****150.00

32837-5809

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

REGISTERED AGENT MUST SIGN

Date

12-30-2000

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
MEM 10	ISMAIL F. TOKATLI	3808 HUNTERS ISLE DRIVE ORLANDO FL 32837	ORLANDO FL 32837
MEM 10	AYDAN S. TOKATLI	3808 HUNTERS ISLE DRIVE	ORLANDO FL 32837

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

ISMAIL F. TOKATLI

Date

12-30-2000

Daytime Phone #

407-222 0404

Typed or printed name of signing Managing Member/Manager

MANAGER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 29 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L99-2266

1. Limited Liability Company's Name

Fibercore Industries LLC.

REINSTATEMENT

2. Principal Office Address

201 8th St. S.

Suite, Apt. #, etc.

Suite 200

City & State

Naples FL.

Zip
34102

Country
USA.

3. Mailing Office Address

P.O. Box 1037

Suite, Apt. #, etc.

City & State

Naples FL.

Zip
34106

Country
USA

4. State/Country of Formation

Florida U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

21 April 1999

6. FEI Number

59-3572948

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

John L. Baker IV

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

5845 Sea Grass Lane

Suite, Apt. #, Etc.

400003554184-2

-01/18/01--01074--016

****155.00 ****155.00

City

Naples

State

FL

Zip Code

34116

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

John Baker IV

REGISTERED AGENT MUST SIGN

Date 03 Jan 00

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
Pres.	John L. Baker IV	5845 Sea Grass Ln	Naples FL. 34116

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

John Baker IV

Date 3 Jan 00

Daytime Phone # 941.430.6060

Typed or printed name of signing Managing Member/Manager

John L. Baker IV

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 29 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

nf

REINSTATEMENT 2000

DOCUMENT #

L95-495

1. Limited Liability Company's Name

Intermysps Systems Lc

2. Principal Office Address

848 Brickell Ave

Suite, Apt. #, etc.

1220

City & State

Miami, Fl

Zip

33131

Country

USA

3. Mailing Office Address

848 Brickell Ave

Suite, Apt. #, etc.

1220

City & State

Miami, Fl

Zip

33131

Country

USA

4. State/Country of Formation

Florida - Dade

**5. Date Organized or Qualified
To Do Business in Florida**

06/27/95

6. FEI Number

65-0590336

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

65.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Pedro Pablo Pirela

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

848 Brickell Ave Suite 1220

Suite, Apt. #, Etc.

1220

City

Miami

State

FL

Zip Code

33131

700003554187-2

-01/18/01--01074--017

****155.00 ****155.00

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

REGISTERED AGENT MUST SIGN

Date 12-18-2000

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
Pre	Alfio Lanzafame	848 Brickell Ave Suite 1220	Miami, Fl 33131
Vic Pres	Aitor De Rotaache	848 Brickell Ave Suite 1220	Miami, Fl 33131

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 12-18-00

Daytime Phone # (305) 374-4443

Typed or printed name of signing Managing Member/Manager

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 29 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

2000

DOCUMENT # **L99-7455**

1. Limited Liability Company's Name

AOELPHIA CAPITAL MANAGEMENT, LLC.

2. Principal Office Address

4792 WEST COMMERCIAL BLVD.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FLORIDA

Zip

33319

Country

USA

3. Mailing Office Address

4792 WEST COMMERCIAL BLVD

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FLORIDA

Zip

33319

Country

USA

4. State/Country of Formation

DELAWARE / USA

5. Date Organized or Qualified
To Do Business in Florida

NOVEMBER 2, 1999

6. FEI Number

65-0962779

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

DIMITRIOS LELLOS.

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

4792 WEST COMMERCIAL BLVD.

Suite, Apt. #, Etc.

000003554190-3

-01/18/01--01074--018

******155.00 ****155.00**

City

FT. LAUDERDALE, F

State

FL

Zip Code

33319

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

Dimitrios Lellos

REGISTERED AGENT MUST SIGN

Date **DEC 26, 2000.**

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
MANAGER	DIMITRIOS LELLOS.	4792 WEST COMMERCIAL BLVD.	FT. LAUDERDALE, FL 33319.

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

Dimitrios Lellos

Date **12-26-00**

Daytime Phone # **954-486-6637**

Typed or printed name of signing Managing Member/Manager

DIMITRIOS LELLOS.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 29 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M97000000142

1. Limited Liability Company's Name

LBJ Realty Holdings, LLC

2. Principal Office Address

148 S. Westgate Ave.
Suite, Apt. #, etc.

3. Mailing Office Address

148 S. Westgate Ave.
Suite, Apt. #, etc.

City & State

Los Angeles, CA

Zip
90049

Country

USA

City & State

Los Angeles, CA

Zip

90049

Country

USA

4. State/Country of Formation

California, USA

5. Date Organized or Qualified
To Do Business in Florida

1997

6. FEI Number

95-3290456

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

Robert Kraly

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

13160 NW 43rd Ave

Suite, Apt. #, Etc.

City

Opa Locka

State

FL

Zip Code

33054

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

Robert Kraly
REGISTERED AGENT MUST SIGN

Date 12-1-00

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
Pres.	Larry Blivas	148 S. Westgate Ave. Los Angeles, CA 90049	Los Angeles, CA 90049
V.P.	Julie Blivas	148 S. Westgate Ave.	Los Angeles, CA 90049

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

Larry Blivas

Date 12/1/00

Daytime Phone #

310-476-6767

Typed or printed name of signing Managing Member/Manager

Larry Blivas, President

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 29 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

rf

DOCUMENT # **L98000003292**

1. Limited Liability Company's Name

INVENTIVE SYSTEMS, LLC
4134 GULF OF MEXICO DR.
LONGBOAT KEY, FL 34228

2. Principal Office Address

4134 GULF OF MEXICO DR
Suite, Apt. #, etc.

3. Mailing Office Address

4134 GULF OF MEXICO DR
Suite, Apt. #, etc.

City & State

LONGBOAT KEY FL

Zip
34228

Country
USA

City & State

LONGBOAT KEY FL

Zip
34228

Country
USA

4. State/Country of Formation

FLORIDA / USA

**5. Date Organized or Qualified
To Do Business in Florida**

12/21/98

6. FEI Number

65-0913203

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$500 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

CHRISTINA WASCHER

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

4134 GULF OF MEXICO DR

Suite, Apt. #, Etc.

City

LONGBOAT KEY, FL 34228

State

FL

Zip Code

34228

400003554194-1

-01/18/01--01074--020

******155.00 ****155.00**

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

Chris Wascher

Date **12/29/00**

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
MGR	KURT VAN OVELEN	4134 GULF OF MEXICO DR	LONGBOAT KEY, FL 34228

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

Kurt Van Ovelén

Date **12/29/00**

Daytime Phone # **941-366-0064**

Typed or printed name of signing Managing Member/Manager

KURT VAN OVELEN

CR2E041 (9/00)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 29 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000003293

1. Limited Liability Company's Name

ACTION EXCURSIONS, LLC

2. Principal Office Address

4134 GULF OF MEXICO DR

Suite, Apt. #, etc.

City & State

LONGBOAT KEY FL

Zip

34228

Country

USA

3. Mailing Office Address

4134 GULF OF MEXICO DR

Suite, Apt. #, etc.

City & State

LONGBOAT KEY FL

Zip

34228

Country

USA

REINSTATEMENT 2000

4. State/Country of Formation

FLORIDA / USA

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

65-0913194

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

KURT VAN OVELEN

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

4134 GULF OF MEXICO DR

Suite, Apt. #, Etc.

500003554195-7

-01/18/01--01074--021

******155.00 *****155.00*

City

LONGBOAT KEY

State

FL

Zip Code

34228

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 *12/29/00*

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	KURT VAN OVELEN	4134 GULF OF MEXICO DR	LONGBOAT KEY FL 34228

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 *12/29/00*

Daytime Phone #

941-366-0064

Typed or printed name of signing Managing Member/Manager

KURT VAN OVELEN

CR2E041 (9/99)