

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 11 PM 1:07

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DOCUMENT # M98000000748

1. Limited Liability Company's Name

ST. IVES HOLDINGS, L.L.C.

2. Principal Office Address

16910 Dallas Parkway

3. Mailing Office Address

Suite, Apt. #, etc.
#100

Suite, Apt. #, etc.

City & State

Dallas, TX 75248

City & State

Zip

Country

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

74-2828835

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 L. PRATT, P.A.

P96-78543

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

10450 San Jose Blvd.

Suite, Apt. #, Etc.

#3

City

Jacksonville

700012324727

02/11/03--01087--007 **150.00

100010180751

02/11/03--01087--010 **150.00

State

FL

Zip Code

32207

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 L. Pratt

REGISTERED AGENT MUST SIGN

Date 2-10-03

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
VP	Richard M, Romano	1975 LARGO RD.	JAX, FL. 32207
VP	Troy Bathman	2513 Vista Creek Court	Garland, TX. 75044
VP	James E. Gissler	7425 Wheatfield Rd.	Garland, TX. 75044

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

Richard M. Romano

Date 2-10-03

Daytime Phone #

396-3734

Typed or printed name of signing Managing Member/Manager

Richard M. Romano

CR2041 (10/02)