

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 AUG 31 PM 12: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000047

1. Limited Liability Company's Name

Scorpio Seven-O, LLC

2. Principal Office Address

5713 Secrest Ct.

Suite, Apt. #, etc.

City & State

Golden, CO

Zip

80403

Country

USA

3. Mailing Office Address

5713 Secrest Ct.

Suite, Apt. #, etc.

City & State

Golden, CO

Zip

80403

Country

USA

4. State/Country of Formation

CO/ USA

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

1/13/99

6. FEI Number 84-1259957

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

Nancy Masker

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

5106 Wallace Rd.

Suite, Apt. #, Etc.

City

Plant City

State

FL

Zip Code

33567

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

Nancy Masker

REGISTERED AGENT MUST SIGN

Date 8/19/04

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	Ronald Scott Jones	5713 Secrest Court	Golden, CO 80403
mgrm	Ronald Stephen Jones	2835 Berry Lane	Golden, CO 80401

REINSTATEMENT 00-04 GA
CWS

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

Ronald Scott Jones

Date 8/19/04

Daytime Phone # 303-279-2222

Typed or printed name of signing Managing Member/Manager Ronald Scott Jones

CR2E041 (10/02)