PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

M99000013444

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAY 18 AM 11:08

DOCUMENT # M99000013444

1. Limited Liability Company's Name

STEPHENS & ROSE, L.L.C.

2. Principal Office Address	**3.** Mailing Office Address
5311 RIVIERA DR.	5311 RIVIERA DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL GABLES, FL.	City & State: CORAL GABLES, FL.
Zip: 33146 Country: USA	Zip: 33146 Country: USA

4. State/Country of Formation: DE ~~FLORIDA~~, USA

5. Date Organized or Qualified To Do Business in Florida: 8/25/99

6. FEI Number: 650933640 ☐ 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 E. ROSE

Street Address (P.O. Box Number is Not Acceptable): 5311 RIVIERA DR

Suite, Apt. #, Etc.:

City: CORAL GABLES State: FL Zip Code: 33146

FF $200.00
CHECK 500
100004322861--7
-05/25/01--01024--007
****205.00 ****205.00

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: [signature] REGISTERED AGENT MUST SIGN Date: 5/18/2001

REINSTATEMENT 00-01

CR2E041 (9/99)

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	ROSE, ROBERT	5311 RIVIERA DR.	CORAL GABLES, FL. 33146
MGRM	STEPHENS, BRUCE	7014 WHIPPLE AVENUE	SAN DIEGO, CA. 92122

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: 5/18/01 Daytime Phone # (305) 667-3013

Typed or printed name of signing Managing Member/Manager: ROBERT E. ROSE