

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 APR 23 AM 11: 52

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|--|---|---|--|---|--|
| DOCUMENT # L05000063970 | | | |  | |
| 1. Entity Name JOSE LUIS GONZALES, LLC | | | | | |
| Principal Place of Business 7146 WIGGINS ROAD LIVE OAK, FL 32060 | | | Mailing Address 7146 WIGGINS ROAD LIVE OAK, FL 32060 | | |
| 2. Principal Place of Business - No P.O. Box # 12609 167th Road | | 3. Mailing Address 12609 167th Road | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Live Oak FLORIDA | | City & State Live Oak, FLORIDA | | 4. FEI Number 59-4723249 | |
| Zip 32060 | | Country USA | | Applied For Not Applicable | |
| Zip 32060 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GONZALEZ, JOSE L 7146 WIGGINS ROAD LIVE OAK, FL 32060 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12609 167th Road City Live Oak FL Zip Code 32060 | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE: <i>Jose Luis Gonzalez</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE: 4-17-08 | |
| FILE NOW!!! FEE IS \$377.50 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR GONZALEZ, JOSE LUIS 7146 WIGGINS ROAD LIVE OAK, FL 32060 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 12609 167th Road Live Oak, FL 32060 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 600125143496 04/23/08--01002--011 **377.50 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: <i>Jose Luis Gonzalez</i> | | | | DATE: 4-17-08 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | DAYTIME PHONE #: (386) 590-3575 | |

REINSTATEMENT 07-08