

**2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Mar 17, 2009  
Secretary of State**

DOCUMENT# L07000011559

Entity Name: DYSFUNCTION JUNCTION, LLC

**Current Principal Place of Business:**

8776 THOMAS DRIVE, SUITE 7  
PANAMA CITY BEACH, FL 32408

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 9107  
PANAMA CITY, FL 324179107

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SMITH, DOUGLAS L ESQ.  
BURKE BLUE HUTCHISON WALTERS & SMITH, P.A.  
221 MCKENZIE AVENUE  
PANAMA CITY, FL 32401 US

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.

SIGNATURE: DOUGLAS L. SMITH, ESQ

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: HODGES, RYAN  
Address: 8776 THOMAS DRIVE, SUITE 7  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RYAN HODGES

MGR

03/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date