

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 NOV 20 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # M05000000401				
1. Entity Name PINENUT ACQUISITIONS, LLC				
Principal Place of Business 9 DAMON MILL SQUARE CONCORD, MA 01742		Mailing Address 9 DAMON MILL SQUARE CONCORD, MA 01742		
2. Principal Place of Business - No P.O. Box # 2814 SW 13th Street		3. Mailing Address 2814 SW 13th Street		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State Gainesville, FL		City & State Gainesville, FL		
Zip 32608		Zip 32608		
Country U.S.		Country U.S.		
4. FEI Number 20-1891955				Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required

11132007 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
REGISTERED AGENTS LEGAL SERVICES, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301				Name Mark A. Avera			
				Street Address (P.O. Box Number is Not Acceptable) 2814 SW 13th Street			
				City Gainesville			
				FL		Zip Code 32608	

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 a registered agent.

SIGNATURE: *Mark Avera* DATE: 11/14/07

(NOTE: Registered Agent signature required when reinstating)

<p>2. 1</p> <p>FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00</p>	<p style="text-align: center;">Make check payable to Florida Department of State</p>
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME	MGRM TOWERS, JEFFREY S	<input checked="" type="checkbox"/> Delete		TITLE NAME	MGRM Avera, Mark	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	9 DAMON MILL SQUARE			STREET ADDRESS	2814 SW 13th Street		
CITY-ST-ZIP	CONCORD, MA 01742			CITY-ST-ZIP	Gainesville, FL 32608		
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME	800112351758	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS	11/16/07--01004--011	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP				CITY-ST-ZIP	**150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP				CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP				CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

REINSTATEMENT 07

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: *Mark Avera* DATE: 11/14/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #