## 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

## **DQCUMENT # L04000087209** 05 OCT 27 AM 9: 26 1. Entity Name PRODUCERS GROUP I, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2994 JOG ROAD 2994 JOG ROAD LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 2. Principal Place of Business 3. Mailing Address c/o Mario G. de Mendoza, III, P.A. Suite, Apt. #, etc. Suite\_Apt. #. etc. 12765 Forest Hill Blvd., #1302 10052005 **REIN-LLC** CR2E101 (6/04) City & State City & State Wellington, Florida 4. FEI Number Applied For 20-1991848 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 33414 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mario G. de Mendoza, III, P.A. ALFORD, RICHARD L ESQ. Street Address (P.O. Box Number is Not Acceptable) 12765 Forest Hill Boulevard, Suite 1302 1700 N. MCMULLEN BOOTH ROAD STE. C-4 CLEARWATER, FL 33759 334 F200e Wellington 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 6. The above name: pagent Mario G. de Mendoza, III, P.A. the obligations 10-11-05 , Mario G. de Mendoza, III, President SIGNATURE d agent and the if appacable. (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!H FEE 13 \$150 After January 1, 2006, Fee will be \$200.00 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGRM Addition HILE ☐ Delete TITLE Unange Harbison, Ronald E. NAME NAME 2994 Jog Road STREET ADDRESS STREET ADDRESS Lake Worth, FL 33467 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE Delete TITLE ☐ Change X Addition Harbison, Diane NAME NAME STREET ADDRESS STREET ADDRESS 2994 Jog Road CITY-ST-ZIP Lake Worth, FL 33467 CITY-ST-ZIF MGRM **Addition** TITLE Delete NTLE ☐ Change Shea, Thomas NAME NAME STREET ADDRESS STREET ADDRESS. 2994 Jog Road CITY-ST-ZIP CITY-ST-ZIP Lake Worth, FL 33467 MGRM Addition Change TITLE ☐ Delete TITLE NAME Shea Linda NAME STREET ADDRESS STREET ADDRESS 2994 Jog Road CITY-ST-712 Lake Worth, FL 33467 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME 800060961118 10/27/05--01002--006 \*\*150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE .... Delete NAME STREET ADDRESS CITY-ST-ZIP COTY-ST-ZIE 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in 3ection 119.07(3)(i), 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. Diane Harbison, Manager

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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