2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 30 PM 2:53

DOCUMENT # L04000052795

1. Entity Name
EDSEL DRIVE, L.C.

Principal Place of Business	Mailing Address
402 CABOT FORKED RIVER, NJ 08731	PO BOX 591 MANASQUAN, NJ 08736

10202007 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	PO Box 591 Suite, Apt. #, etc.
City & State	City & State: MANASQUAN, NJ.
Zip / Country	Zip: 08736 / Country: USA

4. FEI Number: NOT APPLICABLE ☐ Applied Fc ☐ Not Applic

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCRORY, JILL C ESQUIRE
99 NESBIT STREET
PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent

Name: William ToBin
Street Address (P.O. Box Number is Not Acceptable): 15 LA GARE ST.
City: PALM COAST FL Zip Code: 32137

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 acc the obligations of registered agent.

SIGNATURE: William Tobin 10-25-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BORIS, CHARLES 402 CABOT FORKED RIVER, NJ 08731	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Ad DELETE BORIS ONLY PAHLER
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PAHLER, EDWARD 1407 W. ATLANTIC AVE MANASQUAN, NJ 08736	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Ad 800111466798 10/30/07--01008--006 **150.00
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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: Edward Pahler 10-25-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #