2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000019570								03 un .	TLED 4 PH 2:57
Principal Place of Business 6912 RUNNER OAK DR. WESLEY CHAPEL, FL 33544			Mailing Address 6912 RUNNER OAK DR. WESLEY CHAPEL, FL 33544				SECHELIS FALL MESSE	OF STATE	
2. Principal P	lace of Business -	No P.O. Box #	3. Mailing Address						LORIDA
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07082008 REIN-LLC CR2E101 (1/07)			
City & State			City & State			4. FEI Number Applied For 83-0446903 Not Applicable			
Zip	Country		Zìp Cour		try	5. Certificate of otatos pesifed Fee Requi		\$5.00 Add Fee Required	itional
16395 ENG 16395 TAMPA FL	I, ANDREW A SCLAVE-VILLAG	EDR.		City ester	W Jo P.OBox Numb Pruse	Address of New Res	5e, E Del	P P C	
8. The above harded 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required when reinstating) DATE									
FILE NOW!!! FEE IS \$277.50 In accordance with s. liability company did r					93(2)(b), F.S., theive the prior no	e limited Make check payable to tice. Florida Department of State			
9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEAN, SYLVAI 6912 RUNNER WESLEY CHAI	OAK DR.	☐ Delete	Delete TITLE NAME STREET AI CITY-SI-		600132998745 0771670801005020 **277.50			□ Addition 1 .50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete DEAN, ANDREA R 4901 EL NUEVA AVE. FT. PIERCE, FL 33946				ET ADDRESS -ST-ZIP	∪r500132998746 ∪r7500-005-021 **5.00		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, ANDREW A SR. 6912 RUNNER OAK DR. WESLEY CHAPEL, FL 33544				TITLE Change NAME STREET ADDRESS CITY-ST-ZIP		Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				E Et address -st-zip	☐ Change ☐ Addition			Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				E E ET ADDRESS - ST-ZIP	☐ Change ☐ Addition			Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	E Et address - St-Zip			☐ Change	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 troe 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: Which is the information contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is troe 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.									
		ED OR PRINTED NAME O	F SIGNING MANAGING MEMBER, MA	NAGER, OR	AUTHORIZED REPRES	ENTATIVE /	Date	Daytime Phone #	