2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED **DOCUMENT # L00000000558** 2004 NOV 22 AH 10: 45 WILSON & READ ASSET MANAGEMENT, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 111 EAST FAIRBANKS AVENUE, SUITE 100 111 EAST FAIRBANKS AVENUE-SUITE 100 WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business 3. Mailing Address 1977 DUNDEE 77 DUNDEE DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 11182004 REIN-LLC CR2E101 (6/04) City & State City & State 4. FEI Number Applied For WINTER PAR WINTER PARK 59-3617041 Not Applicable Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired 32 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name READ, ALEXANDER 111 EAST FAIRBANKS AVENUE, SUITE 100 Street Address (P.O. Box Number is Not Acceptable) WINTER PARK, FL 32789 DUNDEE DEIVE WINTER PARK 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 registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Florida Department of State FILE NOW!!! FEE IS \$50.00 In accordance with s. 607.193(2)(b), F.S., the limited After January 1, 2005, Fee will be \$100.00 liability company did not receive the prior notice. MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE MUR ☐ Delete TITLE Change ☐ Addition ALEXANDER READ READ, ALEXANDER NAME NAME 1977 DUNGEE DRIVE 111 E FAIRBANKS AVE., STE 100 STREET ADDRESS STREET ADDRESS WINTER PARK, FL 32789 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK 32792 MGR Delete TITLE ☐ Change ☐ Addition WILSON, DARRELL NAME NAME STREET ADDRESS 111 E FAIRBANKS AVE., STE 100 STREET ADDRESS **400042926904** /22/04--01048--006 **50,00 CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 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 mustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

Date

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