## 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE:

## 2004 DEC 22 AM 10: 10 DOCUMENT # L00000000757 YSECRETARY OF STATE TALLAHASSEE, FLORIDA JOHNNY TIPPETTE ENTERPRISES, L.L.C. Principal Place of Business Mailing Address 1169 N.E. GLADIOLI DRIVE 1169 N.E. GLADIOLI DRIVE LEE: FL: 32059---LEE, FL 32059 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 11022004 REIN-LLC CR2F101 (6/04) Applied For City & State City & State 4. FEI Number 59-3619504 Not Applicable Ζiρ Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TIPPETTE, JOHNNY Street Address (P.O. Box Number is Not Acceptable) RT. 2 BOX 1009 MADISON, FL 32340 City Zip Code 8. The above named entity submits this statement for the perpose 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. Make check payable to FILE NOW!!! FEE IS \$150.00 Florida Department of State After January 1, 2005, Fee will be \$200.00 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. 200043581542 12/22/04--01024--005 \*\*15 ■ Addition TITLE ☐ Delete TITLE TIPPETTE, JOHNNY NAME NAME 1169 N.E. GLADIOLI DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEE, FL 32059 ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - - Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADS CITY-ST-ZIP Addition ☐ Delete Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

FILED