2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 11, 2005
Secretary of State

DOCUMENT# L00000009638

Entity Name: POCALINE, L.C.

Current Principal Place of Business:

P O BOX 495756
PORT CHARLOTTE, FL 339495756

New Principal Place of Business:

115 TAYLOR ST.
PUNTA GORDA, FL 33950

Current Mailing Address:

C/O JACK O. HACKETT II, ESQUIRE
POST OFFICE DRAWER 511447
PUNTA GORDA, FL 339511447

New Mailing Address:

CAROLINE THONON
115 TAYLOR ST.
PUNTA GORDA, FL 33950

FEI Number: 65-1038931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HACKETT, JACK O II, ESQ
99 NESBIT ST.
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

THONON, CAROLINE
115 TAYLOR ST
PUNTA GORDA, FL 33950 US

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.

SIGNATURE: CAROLINE THONON 10/11/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BOESMANS, CAROLINE ANNA
Address: 3412 NIGHTHAWK COURT
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: THONON, CAROLINE
Address: 115 TAYLOR ST
City-St-Zip: PUNTA GORDA, FL 33950

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CAROLINE THONON MGR 10/11/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date