

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC 19 AM 10:22

| | |
|--|---|
| DOCUMENT # L00000010197 1. Entity Name SEBASTIAN RESOURCES 400, LLC |  |
|--|---|

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|--|--|
| Principal Place of Business 222 GERMANY AVE. SW PALM BAY, FL 32908 | Mailing Address 222 GERMANY AVE. SW PALM BAY, FL 32908 |
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|--------------------------------|---------------------|----------------------------------|
| 2. Principal Place of Business | 3. Mailing Address | 12072005 REIN-LLC CR2E101 (6/04) |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | |
| Zip | Country | Zip |
| | | Country |



6. Name and Address of Current Registered Agent

MOORE, W. RODGERS PA
 1900 Glades Road
 Suite 401
 Boca Raton, FL 33431

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 *W. Rodgers Moore* *President* 12/7/05
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, 2006, Fee will be \$200.00 | Make check payable to Florida Department of State |
|---|--|

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME | <input type="checkbox"/> Delete |
|-----------------|----------------------|---------------------------------|
| TITLE | MGR | <input type="checkbox"/> Delete |
| NAME | SLIGER, DWIGHT | <input type="checkbox"/> Delete |
| STREET ADDRESS | 222 GERMANY AVE., SW | |
| CITY - ST - ZIP | PALM BAY, FL 32908 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

10. ADDITIONS/CHANGES

| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-----------------|-------------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 600062230486 | |
| CITY - ST - ZIP | 12/16/05--01054--003 **150.00 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 600062230486 | |
| CITY - ST - ZIP | 12/16/05--01054--004 **5.00 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| 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.

SIGNATURE: *Dwight Sliger* 12-8-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #