L01000001776

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 FEB 11 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000001776

1. Limited Liability Company's Name

DEVRON, L.L.C.

2. Principal Office Address	3. Mailing Office Address
2109 N. Volusia Avenue	2109 N. Volusia Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orange City, FL	City & State: Orange City, FL
Zip: 32763 Country: USA	Zip: 32763 Country: USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 2/2/2001

6. FEI Number: 59-3699070 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: James T. "Toby" Rogerson

Street Address (P.O. Box Number is Not Acceptable): 2109 N. Volusia Avenue

Suite, Apt. #, Etc.:

City: Orange City | State: FL | Zip Code: 32763

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. AL

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 2/10/03

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	James T."Toby" Rogerson	2109 N. Volusia Ave.	Orange City, FL 32763
			600012325156
		REINSTATEMENT 2002-03	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: [signature] Date: 2/10/03 Daytime Phone #: 386-334-4205

Typed or printed name of signing Managing Member/Manager: James T. "Toby" Rogerson

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ACCOUNT NO. : 072100000032

REFERENCE : 924941 81272A

AUTHORIZATION Patricia Pyjet

COST LIMIT : $ 205.00

ORDER DATE : February 11, 2003

ORDER TIME : 10:06 AM

ORDER NO. : 924941-005

CUSTOMER NO: 81272A

CUSTOMER: Kirk Bauer, Esq.
Bauer & Fiedler, P.a
223 South Woodland Boulevard

Deland, FL 32720

DOMESTIC FILINGS

NAME: DEVRON, L.L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore

EXAMINER'S INITIALS _____