PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 28 AM 11: 25

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

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800033102008
04/19/04--01081--003 **200.00

1. Limited Liability Company's Name

Re-form LLC

2. Principal Office Address	**3.** Mailing Office Address	
406 Cherry St		**4.** State/Country of Formation Volusia
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**5.** Date Organized or Qualified To Do Business in Florida 03/21/01
City & State S.Daytona, FL	City & State FL	**6.** FEI Number 59--370 7046 / Applied For: / Not Applicable
Zip 32119 Country USA	Zip Country	**7.** CERTIFICATE OF STATUS DESIRED ☐ / $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Palmetto Charter Services, INC

Street Address (P.O. Box Number is Not Acceptable) 150 mAgnolia Avc

800033102008
06/28/04--01005--002 **50.00

Suite, Apt. #, Etc.

City Daytona Beach, FL   State FL   Zip Code 32119

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.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN   Date 11/26/02

CR2E041 (9/01)

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
Mgr	Raymond Reynolds	406 Cherry St, S. Daytona	FL 32119
		REINSTATEMENT 2002-2004	
			350.00

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 608.406, 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 _____   Date 01/13/07   Daytime Phone # 386 760 7615

Typed or printed name of signing Managing Member/Manager _____