2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 22, 2005
Secretary of State

DOCUMENT# L01000004907

Entity Name: FLORIDA EXPRESS SHAVINGS, LLC

Current Principal Place of Business:

5111 SOUTH PINE AVE.
SUITE O
OCALA, FL 34480

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5088
OCALA, FL 34478

New Mailing Address:

P.O. BOX 5058
OCALA, FL 34478

FEI Number: 59-3707853 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

HICKS, DANIEL
421 SOUTH PINE AVE.
OCALA, FL 344744175 US

Name and Address of New Registered Agent:

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: DANIEL HICKS

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	PAGLIA, MICHAEL D	
Address:	5111 SOUTH PINE AVE.	
City-St-Zip:	OCALA, FL 34480	
Title:	MGR	( ) Delete
Name:	PAGLIA, JOHN J JR	
Address:	5111 S PINE AVE	
City-St-Zip:	OCALA, FL 34480	
Title:	MGR	( ) Delete
Name:	WHITBECK, JIM	
Address:	5111 S PINE AVE	
City-St-Zip:	OCALA, FL 34480	
Title:	MGR	( ) Delete
Name:	MCINTYRE, VIVIAN	
Address:	5111 S PINE AVE	
City-St-Zip:	OCALA, FL 34480	
Title:	MGR	( ) Delete
Name:	PAGLIA, MICHAEL A	
Address:	5111 SOUTH PINE AVE	
City-St-Zip:	OCALA, FL 34480	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: JIM WHITBECK MGR 09/22/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date