Sent by: DANIEL HICKS PA ... Page 2/2

L01000004907

APPROVED AND FILED
03 OCT 30 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000004097

1. Limited Liability Company's Name
Florida Express Shavings, LLC

REINSTATEMENT 2003

2. Principal Office Address	3. Mailing Office Address
5111 S. Pine Avenue	P. O. Box 5088
Suite, Apt. #, etc.: Suite F	Suite, Apt. #, etc.:
City & State: Ocala, Florida	City & State: Ocala, Florida
Zip: 34480 Country:	Zip: 34480 Country: USA

4. State/Country of Formation: Florida, US

5. Date Organized or Qualified To Do Business in Florida: 03/29/2001

6. FEI Number: 59-3707853 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $6.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Daniel Hicks

Street Address (P.O. Box Number is Not Acceptable): 421 S. Pine Avenue

Suite, Apt. #, Etc.:

City: Ocala State: FL Zip Code: 34474

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: _____ Date: 10/30/2003
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Michael D. Paglia	5111 S. Pine Avenue, Ste. F	Ocala, Florida 34480
MGR	John J. Paglia, Jr.	5111 S. Pine Avenue, Ste. F	Ocala, Florida 34480
MGR	Jim Whitbeck	5111 S. Pine Avenue, Ste. F	Ocala, Florida 34480
MGR	Vivian McIntyre	5111 S. Pine Avenue, Ste. F	Ocala, Florida 34480

10-30-03

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 608.406, 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: 10/30/2003 Daytime Phone #: 352/369-5411

Typed or printed name of signing Managing Member/Manager: Michael D. Paglia