2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 16, 2004
Secretary of State

DOCUMENT# L01000010584

Entity Name: THALASSIC ENTERPRISES, LLC

Current Principal Place of Business:

717 S.W. 49TH LANE
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

3501 DEL PRADO BLVD. STE. #306
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 65-1116397 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

MARTNER, JOE
3501 DEL PRADO BLVD. STE. 306
CAPE CORAL, FL 33904 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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: ELLIOTT, JULIE A
Address: 39 W 686 PRAIRIE RD.
City-St-Zip: AURORA, IL 60506

Title: MGRM ( ) Delete
Name: ELLIOTT, JERRY
Address: 39 W 686 PRAIRIE RD.
City-St-Zip: AURORA, IL 60506

ADDITIONS/CHANGES:

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: JULIE A. ELLIOTT MGRM 11/16/2004

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