2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
04 NOV -9 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10222004 REIN-LLC CR2E101 (6/04)

DOCUMENT # L01000011968

1. Entity Name
SWINGING BIRCH, L.L.C.

Principal Place of Business	Mailing Address
1219 EAST AVENUE SOUTH, STE. C130 SARASOTA, FL 34239	1219 EAST AVENUE SOUTH, STE. C130 SARASOTA, FL 34239
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAPNICK, BRUCE P ESQ.
2033 MAIN ST., STE. 600
SARASOTA, FL 34237

7. Name and Address of New Registered Agent

Name: JOSEPH C MILLIN JR.
Street Address (P.O. Box Number is Not Acceptable): 1219 EAST AVE SOUTH SUITE 103
City: SARASOTA FL Zip Code: 34239

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 10/26/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
After January 1, 2005, Fee will be $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MILLIN, JOSEPH C JR 1219 EAST AVENUE SOUTH, STE C130 SARASOTA, FL 34239 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800042606108 11/09/04--01067--017 **50.00 ☐ Change ☐ Addition
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2004 REINSTATEMENT

11. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] 10/26/04 941-363-9444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date / Daytime Phone #