2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 23, 2008
Secretary of State

DOCUMENT# L02000006652

Entity Name: EMERGENTS, LLC

Current Principal Place of Business:

11767 S. DIXIE HWY
#148
PINECREST, FL 33156

New Principal Place of Business:

Current Mailing Address:

11767 S. DIXIE HWY
#148
PINECREST, FL 33156

New Mailing Address:

FEI Number: 02-0570629 **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:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQ. BLVD.
SUITE 101
TALLAHASSEE, FL 323010000 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: CHRISTOPGER CHALLENGER

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BRIDGES, JAMES III
Address: 11767 S. DIXIE HWY #148
City-St-Zip: PINECREST, FL 33156

Title: MGRM ( ) Delete
Name: CHALLENGER, CHRISTOPHER
Address: 210 N. 32ND AV
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: CHALLENGER, CHRISTOPHER
Address: 11767 S. DIXIE HWY #148
City-St-Zip: PINECREST, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHRISTOPHER CHALLENGER MGRM 12/23/2008

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