## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

	MENT # L02000008	1500	10 A	SECKE TARY	Oi STATE			
1. Entity Name NGEN, LLC				Sivic olyisi		GREORATIONS		
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Principal Plac	e of Business	Mailing Address						
1501 AIRWAY CIRCLE 1501 AIRWAY CIRCLE			20442					
NEW SMYRNA BEACH, FL 32168 NEW SMYRNA BEACH, FL			32168					
					1884 814 814 814 814 814 814 814 814 814			
Principal Place of Business - No P.O. Box #     3. Mailing Address				_				
3 SUNSHINE BLVD 110 INTERM Suite, Apt. #, etc.			<del>ICHEN</del> CT	Γ,				
Suite, Apt.	₩, Θι <b>.</b>		012	32008 REIN-LLC	CR2E101 (1/07)			
City & State City & State				4. F	El Number	Ar	oplied For	
	ID BEACH, FL	AIKEN, 50		2	<u>0-07</u> 92440		ot Applicable	
3217	4 Country USA	29803	USA	5. C	ertificate of Status Desired	□ \$5.00 Add Fee Require		
J # 1 1	6. Name and Address of Current F			7. N	ame and Address of New			
		-	Name		<del></del>	1		
RAHM, JE	FFREY A VAY CIRCLE	Street Address (P. O. Box Number is Not Acceptable)						
	RNA BEACH, FL 32168			Sireer Address (F.O. Box Number is Not Acceptable)				
71277 3777 1117 22 1377, 12 32733				3 SUNSHINE BLVD.				
City				Tip Code				
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 DEAN CARL					<u> </u>	123/08		
Signature type of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FII	E NOW!!! FEE IS \$377.50				Ma	ike check payable to		
	2 10 0371.30					da Department of Stat	B .	
9.	ALL ACINIO MEMORE	•						
							1	
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