

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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01232008 REIN-LLC CR2E101 (1/07)

<b>DOCUMENT # L02000008480</b> 1. Entity Name NGEN, LLC					
Principal Place of Business 1501 AIRWAY CIRCLE NEW SMYRNA BEACH, FL 32168			Mailing Address 1501 AIRWAY CIRCLE NEW SMYRNA BEACH, FL 32168		
2. Principal Place of Business - No P.O. Box # <b>3 SUNSHINE BLVD</b>		3. Mailing Address <b>110 INTERLACHEN CT.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>ORMOND BEACH, FL</b>		City & State <b>AIKEN, SC</b>		4. FEI Number <b>20-0792440</b>	
Zip <b>32174</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
Zip <b>32174</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>RAHM, JEFFREY A</b> <b>1501 AIRWAY CIRCLE</b> <b>NEW SMYRNA BEACH, FL 32168</b>			7. Name and Address of New Registered Agent Name <b>DEAN CARLSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>3 SUNSHINE BLVD.</b> City <b>ORMOND BEACH</b> FL Zip Code <b>32174</b>		
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 <b>DEAN CARLSON</b> <span style="float: right;">1/23/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$377.50</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAHM, JEFFREY A 1791 ARASH CIR. PORT ORANGE, FL 32128	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALEXANDER JONIEC 110 INTERLACHEN CT AIKEN, SC 29803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEAN CARLSON 3 SUNSHINE BLVD ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100116459901 01/30/08--01084--010 **392.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FF \$377.50</b> <b>RC Fee: \$15.00</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT</b> <b>2007-2008</b> 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>ALEXANDER JONIEC</b> <span style="float: right;">1/23/08 803 449 9086</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					