

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000015044

FILED
Oct 05, 2006
Secretary of State

Entity Name: PIE IN THE SKY INVESTMENTS, LLC

Current Principal Place of Business:

5996 BENT PINE DRIVE, SUITE 3111
ORLANDO, FL 328223336

New Principal Place of Business:

112 EAST CONCORD STREET
ORLANDO, FL 32801

Current Mailing Address:

5996 BENT PINE DRIVE, SUITE 3111
ORLANDO, FL 328223336

New Mailing Address:

1500 HIBISCUS AVENUE
WINTER PARK, FL 32789

FEI Number: 01-0726892 **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:

MANUCHIA, DOUGLAS C
5996 BENT PINE DRIVE, SUITE 3111
ORLANDO, FL 328223336 US

Name and Address of New Registered Agent:

MANUCHIA, DOUGLAS C
1500 HIBISCUS AVENUE
WINTER PARK, FL 32789 US

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: DOUGLAS MANUCHIA

10/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MANUCHIA, DOUGLAS C
Address: 5996 BENT PINE DRIVE, SUITE 3111
City-St-Zip: ORLANDO, FL 32822 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MANUCHIA, DOUGLAS C
Address: 1500 HIBISCUS AVENUE
City-St-Zip: WINTER PARK, FL 32789 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DOUGLAS MANUCHIA

MGRN

10/05/2006

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