2008 LIMITED LIABILITY COMPANY REINSTATEMENT

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1. Entity Name JAMESON BALLOON COMPANY, LLC											
150							08	FEB 15 P	H 2: 04		
Principal Place of Business Mailing Address											
804 LONGBOW TRAIL OSPREY, FL 34229 804 LONGBOW TRAIL OSPREY, FL 34229 SPREY, FL 34229											
03 KEY, TE 34223							1 (6 898)) 61	10 8 8 11 8 11 8 11 8 8 11 8 8 11 1		IDI OFIIL DBIDI IIGI	IE1 III I TE I
Principal Place of Business - No P.O. Box # Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04022000	05111110	0005	104 (4107)		
			City & State				01232008 4. FEI Numb	REIN-LLC	CRZE	101 (1/07)	olied For
City & State							04-367				Applicable
Zip	Country		Zip Coun		try	}	5. Certificate	e of Status Desired		\$5.00 Addi Fee Required	
	6. Name	Registered Agent		Nama (7. Name and	d Address of New	Registered A	gent		
ROCK, RY		Name Kyan J. ROCK									
804 LONGBOW TRAIL OSPREY, FL 34229					Street Address (P.O. Box Number is Not Acceptable)						
, ,				32/	3212 South Gate Cir						
		-	•	BO MA		FL	Zip Code	39207			
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 The Last 2/26/08											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$377.50									ke check p		
				10.				-	<u> </u>		
9. TITLE	MGRM	MANAGING MEMBE	RS/MANAGERS Delete	<u> </u>				S/CHANGES		Addition	
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11. I hereby	certify that th	e information supplied with	this filing does not qualify fo	the exe	motions cor	ntained	in Chapter 119	9, Florida Statutes.	further certify	that the info	rmation
11. I hereby certify that the information supplied with this filling 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.											
Commence of the state of the st											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date											