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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000021878

1. Entity Name
FLORIDA RESEARCH, LLC

Principal Place of Business	Mailing Address
750 SW 34TH ST. FT LAUDERDALE, FL 33315	750 SW 34TH ST. FT LAUDERDALE, FL 33315

03172005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
1515 PINE HOLLOW DRIVE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT PIERCE, FLORIDA	City & State
Zip: 34982 Country: USA	Zip Country

4. FEI Number: 58-2289002 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SINGER, BERNARD A ESQ. 3107 STIRLING RD., STE. 105 FT LAUDERDALE, FL 33312	Name: Dean Mead Services, LLC Street Address (P.O. Box Number is Not Acceptable): 800 N. Magnolia Avenue, Suite 1500 City: Orlando FL Zip Code: 32803

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, Mead, Egerton, Bloodworth, Capouano & Bozarth, P.A., as its sole member
Dennis G. Corrick, V.P. 3/23/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $200.00

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HURST, WILLIAM 8771 SW 8TH ST FORT LAUDERDALE, FL 33324	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HURST, WILLIAM 1515 PINE HOLLOW DRIVE FORT PIERCE, FL 34982	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William Hurst, Manager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Division of Corporations

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TALLAHASSEE, FLORIDA

Florida Department of State

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH,
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LIMITED LIABILITY REINSTATEMENT

FLORIDA RESEARCH, LLC

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