

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000022291

Entity Name: PIKE ENTERPRISES LLC

FILED
Sep 20, 2007
Secretary of State

Current Principal Place of Business:

5560 OLD DIXIE HWY
GRANT, FL 32949

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 382
GRANT, FL 32949

New Mailing Address:

FEI Number: 04-3745514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIKE, RANDY T
5574 SCHEFFLERA PLACE
GRANT, FL 32949 US

Name and Address of New Registered Agent:

PIKE, RANDY T CTO
5574 SCHEFFLERA PLACE
GRANT, FL 32949 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: RANDY PIKE

09/20/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PIKE, RANDY T
Address: 5574 SCHEFFLERA PLACE
City-St-Zip: GRANT, FL 32949

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PIKE, RANDY T CTO
Address: 5574 SCHEFFLERA PLACE
City-St-Zip: GRANT, FL 32949 US

Title: MGRM () Change (X) Addition
Name: PIKE, NORMAN P
Address: 366 BROOKVIEW DRIVE
City-St-Zip: ROCHESTER, NY 14617 US

Title: MGR () Change (X) Addition
Name: GRIEGER, LINDA T
Address: 366 BROOKVIEW DRIVE
City-St-Zip: ROCHESTER, NY 14617 US

I hereby certify that the information supplied with this filing does not qualify 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: RANDY PIKE

MGRM

09/20/2007

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