

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000025151

FILED
Sep 30, 2008
Secretary of State

Entity Name: INFANT SWIMMING RESOURCE, LLC

Current Principal Place of Business:

3849 OAKWATER CIRCLE
ORLANDO, FL 32806

New Principal Place of Business:

4107 GABRIELLA LANE
WINTER PARK, FL 32792

Current Mailing Address:

3849 OAKWATER CIRCLE
ORLANDO, FL 32806

New Mailing Address:

4107 GABRIELLA LANE
WINTER PARK, FL 32792

FEI Number: 26-0055869 **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:

BARNETT, HARVEY A
3849 OAKWATER CIRCLE
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

BARNETT, HARVEY A
4107 GABRIELLA LANE
WINTER PARK, FL 32792 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: HARVEY BARNETT

09/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARNETT, HARVEY A
Address: 3849 OAKWATER CIRCLE
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BARNETT, HARVEY A
Address: 4107 GABRIELLA LANE
City-St-Zip: WINTER PARK, FL 32792

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: HARVEY BARNETT

MGR

09/30/2008

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