2005 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # L03000014197 1. Entity Name 05 MAY 23 AM 10: 40 SMART SEAL LLC Mailing Address Principal Place of Business 2343 VERSAILLES AVE 2343 VERSAILLES AVE US WINTER PARK, FL 32789 US WINTER PARK, FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292005 REIN-LLC CR2E101 (6/04) City & State 4. FEI Number Applied For City & State Not Applicable 41-2094769 Zip Country 7ip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CADWALLADER, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 2343 VERSAILLES AVE WINTER PARK, FL 32789 City Zip Code 'FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$100.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. President & CFO TITLE ☐ Change **X** Addition TITLE ☐ Delete RICHARD J. CADWALLADER NAME NAME 2343 VERSAILLES AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-7IP WINTER PARK, FL 32789 CITY-ST-ZIP CHAIRMAN & CEO **Addition** Delete TITLE ☐ Change TITLE NAME GERALD L. BLACKBURN NAME STREET ADDRESS 1422 BRISTOL PARK PLACE STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP HEATHROW, FL 32746 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- 7/P ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME 800056266528 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 06/16/05--01060--006 **100.00 TITLE ☐ Change ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME^{*} STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. RICHARD J. CADWALLADER 407-466-9189 SIGNATURE: KICHARD J, CADWA Daytime Phone #

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