2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 DEC -2 PM 2:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

000138379920
12/02/08--01030--003 **143.75

DOCUMENT # L03000018749

1. Entity Name
MAXICO, LLC

Principal Place of Business	Mailing Address
692 NYS 74 PARADOX, NY 12858	692 NYS 74 PARADOX, NY 12858

11112008 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	38 Plymyard Avenue Suite, Apt. #, etc. Bromborough, Wirral
City & State	City & State United Kingdom
Zip / Country	Zip CH62 6BN / Country England

4. FEI Number 20-0224518 ☐ 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
JURSINSKI, KEVIN F 7800 UNIVERSITY POINTE DR., SUITE 200 FORT MYERS, FL 33907	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $138.75
After January 1, 2009, Fee will be $277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM COOKE, MAXWELL D 692 NYS 74 PARADOX, NY 12858	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Cooke, Maxwell D. 38 Plymyard Avenue Bromborough, Wirral United Kingdom CH62 6BN, England	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 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.

SIGNATURE: _____ 21-Nov-2008 011 44 151 527 1052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #