## i

## 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

## 'FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # L03000021913** 1. Entity Name 2 MANAGEMENT CO. LLC 05 FEB -2 AM 10: 56 Principal Place of Business Mailing Address 5823 26TH STREEET W 5823 26TH STREEET W BRADENTON, FL 34207 US BRADENTON, FL 34207 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142005 REIN-LLC CR2E101 (6/04) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1enneth Street Address (P.O. Box Number is Not Acceptable) 2655 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 Make check payable to FILE NOWILL FEE IS \$200.00 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. MGR Delete Addition TITLE TITLE PETERSON, KENNETH L NAME NAME STREET ADDRESS 5823 26TH STREET WEST STREET ADDRESS BRADENTON, FL 34207 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE 500046364 NAME 02/10/05--01012--023 \*\*150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME **500046364735** 02/10/05--01012--024 \*\*50 STREET ADDRESS STREET ADDRESS \*\*50.00 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRTY-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 or trustee empowered to execute this report as required by Chapter. 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE