2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 15 AM 10:52

DOCUMENT # L03000025193

1. Entity Name
THE IMA GROUP, L.L.C.

Principal Place of Business	Mailing Address
1660 METROPOLITAN CIRCLE TALLAHASSEE, FL 32308	1660 METROPOLITAN CIRCLE TALLAHASSEE, FL 32308

03142005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business		3. Mailing Address	
106 DON QUIXOTE Circle		106 DON QUIXOTE Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: JACKsonville Beach, FL		City & State: JACKsonville Beach, FLORIDA	
Zip: 32250	Country: U.S.A.	Zip: 32250	Country: U.S.A.

4. FEI Number: 45-0518615 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RETT, DONALD A
1660 METROPOLITAN CIRCE
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name: George M. Bejarano
Street Address (P.O. Box Number is Not Acceptable): 106 DON QUIXOTE Circle
City: JACKSONVILLE BEACH FL Zip Code: 32250

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: George M. Bejarano [signature] 3/14/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $100.00

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	MANAGING MEMBER George M. Bejarano 106 DON QUIXOTE CIRCLE JACKSONVILLE BEACH, FL 32250	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 04-05 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER ARTIE S. Hope 106 DON QUIXOTE Circle JACKSONVILLE BEACH, FL 32250	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100004907761 1 03/24/05--01006--004 **105.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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: [signature] Managing Member 3/14/05 904-376-5205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

George M. Bejarano