2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000025681					FILED
1. Entity Nam BLAND F	ne AMILY, LLC				07 OCT 25 PM 2: 41
				1	SECRETARY OF STATE
Principal Plac	e of Business	Mailing Address			TALLAHASSEE, FLORIDA
	RBOUR DRIVE	606 OAK HARBOUR DRIVE			$\mathcal{I}_{\mathcal{S}}$
JUNO BEACH	, FL 33408	JUNO BEACH, FL 33408			et beig in a - a
2. Principal P	3. Mailing Address	failing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			10172007 REIN-LLC CR2E101 (1/07)
City & State		City & State			4. FEI Number Applied For 65-0631599 Not Applicable
Zip Country		Zip Country		ntry	5 Certificate of Status Desired \$5.00 Additional
6. Name and Address of Current Re		agistered Agent		<u> </u>	7. Name and Address of New Registered Agent
BLAND, LINDA				Name	
606 OAK H	HARBOUR DRIVE ACH, FL 33408	Ţ		Street Addre	ss (P.O. Box Number is Not Acceptable)
JUNO BEA	ACH, FE 33406				
				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.					
Later Kland 1 1 R la 0 10/20/27					
SIGNATURE Signature, typed or printed name of registered agent and tribed appetitable. (NOTE: Registered Agent algosture required when reinstating) DATE					
FILE NOWILL FEE IS \$50.00 In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to					
After January 1, 2008, Fee will be \$100.00 liability company did not receive the					
9.	MANAGING MEMBER	S/MANAGERS	10.		ADDITIONS/CHANGES
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CITY-ST-ZIP			СПҮ	r-ST-ZIP	
11. Thereby 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 may signature shall have the same legal effect as if made under eath, that I am a managing member or manager of the limited liability company or the receiver or trustee-origonomered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: Linda 13/and 10/23/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Deptite Profes					