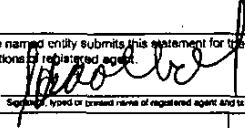
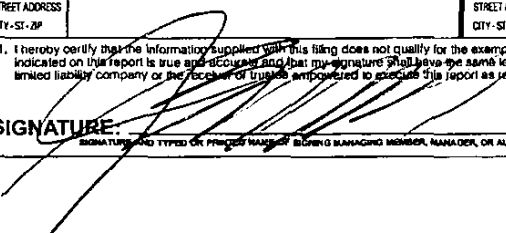


SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 27 PM 1:32

**2007 LIMITED LIABILITY COMPANY
REINSTATEMENT**

DOCUMENT # L03000028480			
1. Entity Name THE BOOLBOL FAMILY LIMITED LIABILITY COMPANY			
Principal Place of Business 3407 S. OCEAN BLVD. #4C HIGHLAND BEACH, FL 33487		Mailing Address 3407 S. OCEAN BLVD. #4C HIGHLAND BEACH, FL 33487	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address - c/o Butzel Long, P.C. 1200 N. Federal Highway	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 420	
City & State		City & State Boca Raton, FL	
Zip	Country	Zip	Country
		33432	US
4. FEI Number APPLICABLE 20-3353158		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	
RAYMOND, JOHN J JR. BUTZEL LONG, P.C. 1200 NORTH FEDERAL HWY BOCA RATON, FL 33432		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			
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State	
B. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOOLBOL, JOSEPH J SR. 3407 S. OCEAN BLVD. #4C HIGHLAND BEACH, FL 33487 ☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
REINSTATEMENT			
2006-2007 BLT			
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 holder of a trust or trust agreement empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		June 2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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07/31/07--01022--001 **200.00



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