## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE:

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

REINSTATEMENT					Second Title		
DOCUMENT # L03000028821			A SECTION AND A	Di Di	SECRETARY OF STA VISION OF CORPORA	ATE	
1. Entity Name SCAN SEMINOLE, LLC					TOTOL OF CORPORA	TIUNS	
SUAN SEMINULE, LLU				0	8 MAR 12 PH 3:	25	
			G. 0 11				
Principal Place of Business 8991 TRIPLETT ROAD		Mailing Address 8991 JRIPLETT ROAD					
NORTH FORT MYERS, FL 33917 US		NORTH FORT MYERS, FL 33917 US					
				תשתשונו ו	BIL GB183 (1111 <b>23</b> 11) 86(1) 88(1) 87(1)		
Principal Place of Business - No P.O. Box #     3. Mailing Address							
4300 SALISBURY RD N Suite, Apt. #, etc.		4300 SALISBURY RY N. Suite, Apt. #, etc.					
Suite, Apt.	#, etc.	Suite, Apr. #, etc.		03102008	REIN-LLC C	R2E101 (1/07)	
City & State		City & State  JACKSONVILLE, FL		4. FEI Nun			plied For
JACK :	SONVILLE, FL Country	Zip	Country		76152	- AF 00	Applicable
3221		32216		l	te of Status Desired	Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
NIELSEN, ERIK				Name NIELSEN ERIK			
8991 TRIPLETT ROAD NORTH FORT MYERS, FL 33917			Street A	ddress (P.O. Box Nun	ber is Not Acceptable)		
NORTHE	JK   WITEKS, FL 3391/		4300 St		ALISBURY RD NORTH		
			City J	JACKSONVILLE FL Zip Code 32216			
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its re-	gistered office or	registered agent, or	ooth, in the State of Florida.	I am familiar with, a	and accept
SIGNATURE							
0.03.07.107.12	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	legistered Agent sign:	sture required when reinstati	rg) [	DATE	
		T .			1		
FIL	E NOW!!! FEE IS \$377.50					eck payable to partment of State	
FIL	MANAGING MEMBER		10.	A. C. Q.		NGES	
9.	MANAGING MEMBER	RS/MANAGERS	TITLE	MGR NIELSEN	Florida Dep  ADDITIONS/CHAI	artment of State	Addition
9.	MANAGING MEMBER			NIELSEN 4300 SALIS	ADDITIONS/CHAI	NGES	
9. TITLE NAME	MANAGING MEMBER MGR NIELSEN, ERIK 8991 TRIPLETT ROAD NORTH FORT MYERS, FL 3391	⊠ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NIELSEN 4300 SALIS JACKSONVIL	Florida Dep  ADDITIONS/CHAI	NGES Change	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGR NIELSEN, ERIK 8991 TRIPLETT ROAD NORTH FORT MYERS, FL 3391 MGR	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	NIELSEN 4300 SALIS JACKS ONVIL MGR NIELSEN C	Florida Dep  ADDITIONS/CHAI  ERIK 34RY ED N  LE, FL 32216  ARSTEN O	NGES	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR NIELSEN, ERIK 8991 TRIPLETT ROAD NORTH FORT MYERS, FL 3391	⊠ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NIELSEN 4300 SALIS DACKSONVIL MGR NIELSEN C 782 N. LEU	Florida Dep  ADDITIONS/CHAI  ERIK  34RY ED N  LE, FL 32216  ARSTEN O  TEA DRIVE	NGES Change	☐ Addition
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR NIELSEN, ERIK 8991 TRIPLETT ROAD NORTH FORT MYERS, FL 3391 MGR NIELSEN, CARSTEN O	⊠ Delete 7 ⊠ Delete 7	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NIELSEN 4300 SALISI DACKS ONVILL MGR NIELSEN C 782 N. LEU TUCSON, A	Florida Dep  ADDITIONS/CHAI  ERIK  34RY ED N  LE, FL 32216  ARSTEN O  TEA DRIVE	NGES  Change	Addition
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGR NIELSEN, ERIK 8991 TRIPLETT ROAD NORTH FORT MYERS, FL 3391 MGR NIELSEN, CARSTEN O 8991 TRIPLETT ROAD	⊠ Delete 7 ⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	NIELSEN 4300 SALIS: DACKS ONVILL MGR NIELSEN C 782 N. LEU TUCSON, A	Florida Dep  ADDITIONS/CHAI  ERIK 34RY ED N  LE, FL 32216  ARSTEN O TEA DRIVE 2 85745	NGES Change	☐ Addition
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3/10/08 435-962-0260 Date Daytime Phone #