2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000031444 2004 NOV 12 AM 9: 47 PETER AND PAULINE OF FLORIDA, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1615 GULF WAY 1615 GULF WAY ST PETERSBURG BEACH, FL 33706 ST PETERSBURG BEACH, FL 33706 2. Principal Place of Business 3. Mailing Address 3632 W. Cypress St. 3632 W. Cypress St. Suite, Apt. #, etc. Suite, Apt. #, etc. 10212004 REIN-LLC CR2E101 (6/04) City & State City & State 4. FEI Number X Applied For Tampa, Florida Florida Tampa, none Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired \mathbf{Z} 33607 Hillsborough 33607 Hillsborough Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent George P. Calomiris CALOMIRIS, GEORGE P Street Address (P.O. Box Number is Not Acceptable) 3632 W. Cypress Street 4615 GULF-WAY ST PETERSBURG-BEAGH, FL 33706 City Tampa Zip Code 33607 8. The above named entity subposed in 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 George P. Calomiris 04 2004 SIGNATURE ne of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!! FEE IS \$150.00 Make check payable to After January 1, 2005, Fee will be \$200.00 Florida Department of State MANAGING MEMBERS / MANAGERS ADDITIONS/CHANGES 9. 10. TITI F MGR TITLE ☐ Delete Change X Addition NAME NAME George P. Calomiris STREET ADDRESS STREET ADDRESS 3632 W. Cypress Street CITY-ST-ZIP CITY-ST-ZIP Tampa FL 33607 117LE Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP THILE Delete TITLE Change ☐ Addition NAME NAME 400042704984 11/12/04--01074--021 ***15 STREET ADDRESS STREET ADDRESS **155.00 C!TY-ST-ZIP CITY-ST-ZIP ☐ Dolete TITLE Change ■ Addition NAME NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this Slips 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 of trusted empowered to execute this report as required by Chapter 608, Florida Statutes. 11/04/2004 George P. Calomiris SIGNATURE: ME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone (

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