2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000046824 1. Entity Name DOUGLAS M. SHIELDS,LLC.							VISION OF CARE	Y OF STA CRPORA AM 9: 2	NE TIO _{MS} ' O	
Principal Place of Business 3749 SUMMER ROAD DOVER, FL 33527 US			Mailing Address 3749 SUMMER ROAD DOVER, FL 33527 US							Cor (6) 1001
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01132006	REIN-LLC	CR2E10	01 (11/05)	
City & State			City & State			4. FEI Numb 77-016				plied For Applicable
Zìp	Country		Zip				e of Status Desired	F	5.00 Addi ee Required	
6. Name and Address of Current Registered Agent					Name	7. Name an	d Address of New	Registered A	gent	
SHIELDS, 3749 SUM DOVER, F	IMER RD	SM		Street Addre	et Address (P.O. Box Number is Not Acceptable)					
			City					FL	Zip Code	١.
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE										
FILE NOW!!! FEE IS \$100.00 In accordance with s. liability company did r					93(2)(b), F.S beive the prio	i., the limited r notice.		ke check pa la Departme		
9. TITLÉ	MANAGING MEMBERS/MANAGERS 16 MGR Delate 17						ADDITIONS	S/CHANGES		D Address
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TITLE			- Delete	.TITLI	- 1-	- •-	, ***	·	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	No. 1				ET ADDRESS - ST-ZIP		,	٠.		,
113 I hereby certify that the information supplied with this filling 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE: Ouclas M. Shields 1/13/06 813-928-1521										