2004 LIMITED LIABILITY COMPANY REINSTATEMENT

	REINSTA	TEMENT	_				
DOCUN	MENT # L03000049	709		OLNOV 3 AM 10:51	1		
1. Entity Name				NOV TO	•		
	,	,		A SCHEN 3 AM	i		
Principal Place	of Business	Mailing Address	- VARIO	- CAHARARY 01.5,	•		
1513 BRANCE		1513 BRANCH ST		KN JEE ESTA	•		
TALLAHASSEE	FL 32303	TALLAHASSEE, FL 32303		1 CORINE		-	
5 Director Di		A Mailing Address					
2. Principal Place of Business 1513 Blowch St. 1813 Bl		1513 Bron	ch St.		<u> </u>	LOL 11) 1001	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		10252004 REIN-LLC CF	R2E101 (6/04)		
City & State	Can Fla	City & State		4. FEI Number		plied For	
Zip	Country,	Zipana	Country	20-6442/56	\$5.00 Addi	t Applicable itional	
^{Zip} 323	03 054	123001	<u> U,SA</u>	5. Certificate of Status Desired	Fee Required		
	6. Name and Address of Current I	Registered Agent	Name	7. Name and Address of New Register Same	su Agent		
BARNES & JAMES, P.A. 2629 BLAIR STONE RD.			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
	SSEE, FL 32301		<u> </u>	-			
			City	· · · · · · · · · · · · · · · · · · ·	Zip Code	, 	
9 The chaus	accord again, automite this statement for	r the purpose of changing its re		stered agent, or both, in the State of Florida.	▔┗▕▁ੰ▁		
	ons of registered agent.	The pulpose of changing its reg	gistered office of regis	stered agent, or both, in the state or rished.	arrivarimar vieri, e	21.0 0000	
SIGNATURE _	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	egistered Agent signature re	guired when reinstating) DA		,	
•	ognature, types of printed name of registered agents	To the inspired to the inspire			3	-	
	E NOWIN FEE IS \$50.00 ary 1, 2005, Fee will be \$100.00	In accordance with s. (liability company did n	607.193(2)(b), F.S., ot receive the prior	I mo minor	k payable to a rtment of State		
9.	MANAGING MEMBE	DO /AAANIA GEDO	10.	ADDITIONS/CHANG	GES	*	
TITLE	MGRM MEMBE	Delete	-TITLE	7,000,10,10,70,11,11	☐ Change	Addition	
NAME STREET ADDRESS	DODRILL, JON 1513 BRANCH ST.	i de la companya de l	NAME STREET ADDRESS			٠,	
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP				
T!TLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE NAME		. Change	Addition	
name Street address	, 		STREET ADDRESS			•	
CITY-ST-ZIP	,		CITY-ST-ZIP		Chann	☐ Addition	
TITLE NAME		Delete	TITLÉ NAMÉ		☐ Change	☐ Addition}	
STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS CITY-ST-ZIP				
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NAME	einstatemei	12.004	NAME		•		
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TITLE		Delete Delete	TITLE		☐ Change	Addition	
NAME STREET ADDRESS	1 4		name Street address	70004251 11/09/04010830	0557 11 **50.0	"H"t	
CITY-ST-ZIP			CITY-ST-ZIP	11/00/64 01000 0			
TITLE NAME	s ,	Delete	TITLE NAME	*	☐ Change	Addition .	
STREET ADDRESS			STREET ADDRESS	· ****	Ź	<u>.</u> -	
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for the	CITY-ST-ZIP	n Section 119.07(3)(i), Florida Statutes. I furthe	er.certify that the i	nformation	
indicated	from this report is true and accurate and ability company or the receiver or truste	I that my signature shall have th	e same legal effect as	s if made under oath; that I am a managing m	ember or manage	er of the	
	1	Qin	•	1/			
				4.1 1.21			
SIGNAT	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER MANA	GER OR AUTHORIZED GER	RESENTATIVE PAIR	Daytime Phone #		