2009 LIMITED LIABILITY COMPANY REINSTATEMENT

	87								
1. Entity Name	MENT # LO		768	•			F 11.		
							INFA SEP 15	AM IO: O1	
Principal Place of Business			Mailing Address			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		OF STATE	
7118 HWY 90 E LIVE OAK, FL 32060			7118 HWY 90 E Live Oax, Fl. 32060				SEET HASS	y of State ee. Florida	
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2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		09082009	REIN-LLC	CR2E101 (1/0	7)	
City & State			City & State		4. FEI Numbe 41-2118			Applied For Not Applicable	
Zìp	Count	try	Zip	Coun	try	5. Certificate	of Status Desired	□ \$5.00 / Fee Requ	
6. Name and Address of Current R						7. Name and Address of New Registered Agent			
REDISH, LOWELL			Name		······································				
7118 HWY 90 E LIVE OAK, FL 32060			Street Addres		(P.O. Box Numbe	er is Not Acceptable	e) 		
					City			□L Zip C	ode
9 The shove	named entity submit	o this statement for	the number of changing its	register	l	ered agent or bot	h in the State of Ek	FL	
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 r	name al registered agent s	inct little if anniticable. (NOT	F: Register	ed Agent signature requ	uired when reinstating)		DATE	
Signature: typed or printed name of registered agent and title if applicable. (MOTE: Registered Agent signature								1.4.4.1.2.1.4.1	
FILE NOW!!! FEE IS \$377.50						ľ		e check payable t a Department of S	
9.	, <u></u>	ANAGING MEMBE		10.			ADDITIONS		-
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