

**2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
May 11, 2005  
Secretary of State**

DOCUMENT# L03000051895

Entity Name: ING AND ISA, LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

400 S RIVERSIDE DR  
INDIALANTIC, FL 32903

**Current Mailing Address:**

**New Mailing Address:**

400 S RIVERSIDE DR  
INDIALANTIC, FL 32903

FEI Number: 59-3701042      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ANDERSON, J. PATRICK  
930 S HAVOR CITY BLVD, STE 505  
MELBOURNE, FL 32901 US

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.

SIGNATURE: PATICK ANDERSON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: FREEMAN, FREDERICK E  
Address: 400 S RIVERSIDE DR  
City-St-Zip: INDIALANTIC, FL 32903

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: JOHNSON, SHARON L  
Address: 400 S RIVERSIDE DR  
City-St-Zip: INDIALANTIC, FL 32903

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: FREDERICK FREEMAN

MGR

05/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date