## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

## FILED SECRETARY OF STATE **DOCUMENT # L03000053034** DIVISION OF CORPORATIONS 1. Entity Name ANDREW WAMPLER, LLC 00 OCT 20 AM 10: 42 Principal Place of Business Mailing Address 2400 GERBER DAIRY RD. 2400 GERBER DAIRY RD. WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10092006 REIN-LLC CR2E101 (11/05) City & State City & State 4. FEI Number Applied For 58-2678377 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WAMPLER, ANDREW Street Address (P.O. Box Number is Not Acceptable) 2400 GERBER DAIRY RD. WINTER HAVEN, FL 33880 City Zip Code 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, typing formed name of registery fragent and title if applicable. 10-12-04 OIOTE: Registered Acres of Make check payable to FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TTTLE MGR ☐ Delete TIME ☐ Change ☐ Addition WAMPLER, ANDREW NAME NAME 000081024850 STREET ADDRESS 2400 GERBER DAIRY RD. STREET ADDRESS 10/19/06--01034--023 \*\* 155.00 WINTER HAVEN, FL 33880 CITY-ST-ZIP CITY-ST-ZIP MGR TITLE ☐ Delete TITLE Change ☐ Addition WAMPLER, ORBIN W NAME NAME 2400 BERBER DAIRY RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 CITY-ST-ZIP MGRV TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HANDLEY, LORRAINE NAME 238 N LAKE PATRICK RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BABSON PARK, FL 33827 CITY-ST-ZIP MLE AVG Delete MLE ☐ Chance ☐ Addition DOUG, NIKI NAME NAME 2400 GERBER DAIRY RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 CITY-ST-ZIP TITLE MLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP 11. I hereby certify that the information supplied with this filing 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 eath; 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: JOSEPH OF SIGNAND MANAGER OF SIGNAND MANAGER OF AUTHORIZED REPRESENTATIVE Duss Dayling Prone #