



# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

|   |   |         |                     |  |         |  |  |
|---|---|---------|---------------------|--|---------|--|--|
| <b>DOCUMENT # L04000004950</b><br>1. Entity Name<br><b>ROGER'S HAVE MOWER WILL TRAVEL L.L.C.</b>  |   |         |                     |                           |         | <div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 5px;">05 OCT 13 PM 12:47</div> <div style="font-size: 0.8em;">SECRETARY OF STATE<br/>TALLAHASSEE, FLORIDA</div> |  |
| Principal Place of Business<br>1632 RIVERS RD.<br>TALLAHASSEE, FL 32305   |   |         |                     | Mailing Address<br>1632 RIVERS RD.<br>TALLAHASSEE, FL 32305  |         |  |  |
| 2. Principal Place of Business  |   |         | 3. Mailing Address  |  |         |    |  |
| Suite, Apt. #, etc.   |   |         | Suite, Apt. #, etc. |  |         |  |  |
| City & State  |   |         | City & State        |  |         |  |  |
| Zip   |   | Country | Zip                 |  | Country |  |  |
| 4. FEI Number/ <span style="float: right;">Applied For</span><br><span style="float: right;"><input checked="" type="checkbox"/> Not Applicable</span>  |   |         |                     |  |         | 10112005 REIN-LLC CR2E101 (6/04)   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required  |   |         |                     |  |         | <div style="font-size: 1.5em; font-weight: bold; margin-bottom: 5px;">REINSTATEMENT</div> <div style="font-size: 0.8em;">OS</div>  |  |
| 6. Name and Address of Current Registered Agent<br><b>JERRILL</b><br><b>JERRILL, ROGER D</b><br>1632 RIVERS RD.<br>TALLAHASSEE, FL 32305  |   |         |                     |  |         |  |  |
| 7. Name and Address of New Registered Agent<br>Name <b>JERRILL ROGER D</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>Same</b><br>City <b>FL</b> 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.<br>SIGNATURE <i>[Signature]</i> DATE <b>10/11/05</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |         |                     |  |         |  |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>After January 1, 2006, Fee will be \$700.00</b>   |   |         |                     | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. |         | <b>Make check payable to</b><br><b>Florida Department of State</b>   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |         |                     | <b>10. ADDITIONS/CHANGES</b>   |         |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>JERRILL, ROGER D<br>1632 RIVERS RD.<br>TALLAHASSEE, FL 32305  |         |                     | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>    |         |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Delete</div> |         |                     | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>    |         |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Delete</div> |         |                     | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>    |         |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Delete</div> |         |                     | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>    |         |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Delete</div> |         |                     | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>    |         |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Delete</div> |         |                     | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>    |         |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Delete</div> |         |                     | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>    |         |  |  |
| 11. I hereby certify that the information supplied with this filing does not qualify 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 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. |   |         |                     |  |         |  |  |
| <b>SIGNATURE:</b> <i>[Signature]</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |         |                     |  |         | Date <b>10/11/05</b> Daytime Phone # <b>850-545-5730</b>   |  |