2006 LIMITED LIABILITY COMPANY REINSTATEMENT

2p Country Zip Country 5.4-2141708	DOCUMENT # L0400006648 1. Entity Name JENSEN SIGNS LLC				FILED 06 OCT -6 AM 8: 52			
Surie, Apt. 4, etc. Surie, Apt. 4, etc. Surie, Apt. 4, etc. Surie, Apt. 4, etc. Surie, Apt. 4, etc. Surie, Apt. 4, etc. Surie, Apt. 4, etc. City A State	1789 WHITEHOUSE RD. 1789 WHITEHOUSE RD.					111 25 11 3 151 3 11 3 11 3 11 3 11		
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Zp Country Zp Country 5.4-2141708 Not Apple	Suite, Apt. #, etc. Suite, Apt. #, etc.			4 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	10052006 REIN-LLC CR2E101 (11/05)			
S. Certificate of Status Desired Foc Required Agent Foc Required Age	City & State	y & State City & State			1			Applied For Not Applicabl
Since Address (P.O. Box Number is Not Acceptable)	Zip Country	Zip	Country		5. Certificat	e of Status Desired		
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity authoris this stockment for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am familiar with, and accidence of purpose of the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am familiar with, and accidence of purpose of the pu	6. Name and Address of Current Registered Agent			<u> </u>				
B. The above named optity subrills this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and act the obligations of calculated agent. Signature Gynum, hope preserved agent. Signature Gynum, hope preserved agent on the registered Agent algorithms registered agent, or both, in the State of Florids. I am familiar with, and act the obligations of calculated agent age	1789 WHITEHOUSE RD.			Street Address (P.O. Box Number is Not Acceptable)				
The collegations of bigsterred Agent. SIGNATURE FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM JENSEN, STEPHEN STRETADORSS CITY-ST-2P MONTICELLO, FL 32344 TITLE MARE Delete TITLE MARE JENSEN, STEPHEN STRETADORSS CITY-ST-2P TITLE MARE JENSEN STEPHEN STRETADORSS CITY-ST-2P TITLE MARE JENSEN STRETADORSS CITY-ST-2P TITLE MARE JENES STRETADORSS CITY-ST-2			j	,			FL	•
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 oath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	NAME STREET ADDRESS	□ Delete	NAME Street a	l l			C	hange Addition
NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1 19, 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	NAME STREET ADDRESS	☐ Delete	NAME Street A	l l			c	hange 🗌 Addition
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Davie Dayline Phone #	indicated on this report is true and accurate fimited liability company or the receiver of true.	and that my signature shall have ustee employeered to execute this	e the same le s report as re	egal effect as if mequired by Chapt	hade under oat ter 608, Florida $\frac{5}{5}$	h; that I am a mana Statutes.	aging member or m	anager of the