2005 LIMITED LIABILITY COMPANY REINSTATEMENT

	KEINS							
1. Entity Nam	MENT # L040000 ALDERMAN, LLC	08727						
Principal Plac	e of Business	Mailing Address						
720 ROBERTS AVE 720 ROBERTS AVE		-						
DELAND, FL 32724			DELAND, FL 32724					
		0101110,112 02721						
2. Principal Place of Business		3. Mailing Address		——M, I∭∭∭				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		10122005	REIN-LLC	CR2E10	01 (6/04)	
City & State		City & State	City & State		er		<u> </u>	optied For ot Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired		5.00 Add e Required	
	6. Name and Address of Cur	rent Registered Agent		7. Name and	Address of New F	egistered Ag	ent	
	N DANDY		Name					
ALDERMAN, RANDY 720 ROBERTS AVE. DELAND, FL 32724			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code	θ
8. The above	named entity submits this stateme	ent for the purpose of changing its	registered office or r	registered agent, or bo	th. in the State of Fk	orida. I am far	niliar with.	and accept
	tions of registered agent.		•					
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable. (NOT	E: Registered Agent signat	 ure required when reinstating	1	DATE		
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	LE NOW!!! FEE IS \$50.00 ary 1, 2006, Fee will be \$100	In accordance with a liability company did				e check pay a Departmer		e
	ary 1, 2006, Fee will be \$100	liability company did			Florida	a Departmer		e
After Janu	ary 1, 2006, Fee will be \$100	liability company dic	on of receive the pr			Department CHANGES	nt of State	
After Janu	ary 1, 2006, Fee will be \$100 MANAGING ME	liability company did	not receive the pa		Florida	Department CHANGES		e Addition
9.	MANAGING ME	liability company dic	10.		Florida	Department CHANGES	nt of State	
9. TITLE NAME	MANAGING ME MGR ALDERMAN, RANDY	liability company dic	10. TITLE NAME		Florida	Department CHANGES	nt of State	
9. TITLE NAME STREET ADDRESS	MANAGING ME MGR ALDERMAN, RANDY 720 ROBERTS AVE.	liability company dic	10. ITTLE NAME STREET ADDRESS		Florida	Department (CHANGES)	nt of State	
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