## 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCU								
1. Entity Name	ie 🌤	# L0400009	574		DIVISION OF CORP	SECRETARY OF STATE DIVISION OF CORPORATIONS  05 NOV 15 AM 9: 52		
Principal Place			Mailing Address				2. 27	
5031 NW 431			5031 NW 43RD STRE	FT				
SUITE C	KD STREET		SUITE C					
GAINESVILLE	, FL 32606	5	GAINESVILLE, FL 326	606			# <b>88</b>     <b>88</b>     <b>2    10</b>        10        10        10        10	
2. Principal P	lace of Busin	ness	3. Mailing Address					
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		10252005 REIN-LLC	CR2E101 (6/04)		
City & State		City & State		4. FEI Number	Applie Not A	ed For		
Zip		Country	Zip	Coun	ntry	5. Certificate of Status Desired	\$5.00 Addition	
	6. Name	e and Address of Current	Registered Agent			7. Name and Address of New R	<u> </u>	
					Name			
CASTOR,					Street Addr	ess (P.O. Box Number is Not Acceptable	<u></u>	
5031 NW 4 SUITE C	10 U 2 I K	NEC I			55517.1547			
GAINESVI	LLE, FL 3	32606						
					City	· · · · · · · · · · · · · · · · · · ·	FL Zip Code	
8. The above	named entit	ty submits this statement for	or the purpose of planging it	s rægister	ed office or reg	gistered agent, or both, in the State of Flo	orida. I am familiar with, an	d accept
- the obligati	ions of regist	stered agent.				نير ختي مب	ulilar	
SIGNATURE .	C'	d or printed frame of registered agent	-/2-0-1			required when reinstating)	1/11/05	
FILE	E NOW!!! F	FEE IS \$150.00 06, Fee will be \$200.00			<u>-</u>	Mak Florid	e check payable to a Department of State	
9.		MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS		
TITLE	MGR		☐ Delete	TITU	E			Addition
NAME	l '	R, CASEY O		NAM		<b>10005144</b> 11/15/0501052	-1921	
STREET ADDRESS CITY-ST-ZIP	1	/ 43RD STREET, SUITE VILLE, FL 32606	i C		EET ADDRESS Y-ST-ZIP	11/15/05010520	324 **150.00	,
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				CIT	Y-ST-ZIP		· .	7.
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