2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN 21 AM 9:41

DOCUMENT # L04000011413

1. Entity Name
MBMJ INVESTMENTS, LLC

Principal Place of Business	Mailing Address
1306 GREENLAND TRACE DELAND, FL 32720 US	1306 GREENLAND TRACE DELAND, FL 32720 US

06142006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business		3. Mailing Address	
1050 COUNTRY RANCH RD		1050 COUNTRY RANC RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: DE LEON SPRINGS FL		City & State: DE LEON SPRINGS FL	
Zip: 32130	Country: VOLUSIA	Zip: 32130	Country: VOLUSIA

4. FEI Number 20-0716262 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEBIS, DANIEL S
3890 TURTLE CREEK DRIVE
SUITE B
PORT ORANGE, FL 32127

7. Name and Address of New Registered Agent

Name: R. M. LE ROUX
Street Address (P.O. Box Number is Not Acceptable): 547 HERBERT ST.
SUITE A
City: PORT ORANGE FL Zip Code: 32129

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] Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 6/14/06

FILE NOW!!! FEE IS $100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MOYER, MITCHELL 1306 GREENLAND TRACE DELAND, FL 32720	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200076650842 06/27/06--01062--004 **100.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 05-06	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: [signature] MITCHELL MOYER 386 804-5379