

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000012428

Entity Name: MEDINA, LLC

**FILED**  
**Nov 10, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

7520 W. WATERS AVE.  
TAMPA, FL 33615

**New Principal Place of Business:**

7520 W. WATERS AVENUE  
TAMPA, FL 33615

**Current Mailing Address:**

7520 W. WATERS AVE.  
TAMPA, FL 33615

**New Mailing Address:**

7520 W. WATERS AVENUE  
TAMPA, FL 33615

FEI Number: 20-0732527      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DUNSFORD, TINA ESQ  
C/O AKERMAN SENTERFITT, WACHOVIA CENTER  
100 S ASHLEY DR, STE 1500  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

BUBLEY & BUBLEY, P.A.  
3820 NORTHDAL BOULEVARD  
SUITE 312  
TAMPA, FL 33624 US

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.

SIGNATURE: MARTIN BUBLEY

11/10/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: REVELLO, RAUL  
Address: 7520 W. WATERS AVENUE  
City-St-Zip: TAMPA, FL 33615 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RAUL REVELLO

MGRM

11/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date