2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000012978

SECRETARY OF STATE DIVISION OF CORPORATIONS 06 JUN 21 AM 9: 12 RAM JACK OF SOUTH FLORIDA, LLC Principal Place of Business Mailing Address 3650 NORTH FEDERAL HIGHWAY, SUITE 214 3650 NORTH FEDERAL HIGHWAY, SUITE 214 LIGHTHOUSE POINT, FL 33064 LIGHTHOUSE POINT, FL 33064 2. Principal Place of Business Mailing Address 847 Tampa 847 Suite, Apt. #, etc. Suite, Apt. #, etc. 01192006 REIN-LLC CR2E101 (11/05) City & State Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent BUCZYNSK Ohn SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 Tampa Im Harbur 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$100.00 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR MOR TITLE ☐ Defete TIFLE Change ■ Addition Buczynski, John BUCZYNSKI, JOHN NAME NAME STREET ADDRESS 3650 NORTH FEDERAL HIGHWAY, SUITE 214 847 Tampa Rd. STREET ADDRESS CITY-ST-7IP LIGHTHOUSE POINT, FL 33064 CITY-ST-ZIP TITLE Delete TITLE BUCZYNSKI, JOHN NAME STREET ADDRESS 3650 NORTH FEDERAL HIGHWAY, SUITE 214 STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064 CITY-ST-ZIP TITLE ☐ Delete TITLE MSTATERIANI 05-06 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z CITY-ST-ZIP 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 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 ability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereb MANAGER SIGNATURE! AME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE