2009 LIMITED LIABILITY COMPANY REINSTATEMENT

| Principal Place of Sudmenses - Top P.O. Box # P. P.O. Box # P. P.O. Box # P. P.O. Box # P. P.O. Box # P.O. Box | DOCU 1. Entity Nam LOCKWO | | | | | 09 40 | 9 - 7 111 | Ò | | | |
|---|--------------------------------------|--|---|-----------------------|--------------------------|--|---|------------------------------|-------------------------------|-----------------|----|
| Safe, April 4, etc. Cry 5 State Cry 6 S | 3885 20TH | STREET STE 201 | PO BOX 1328 | | | | | | | | |
| Sulfo, Apr. 8, etc. Sulfo, Apr. 8, etc. | | Place of Business - No P.O. Box # | | | | | | | | | |
| Vec Deach FL Statistical Desired Status Desired | Suite, Apt. | | · | | | | 02022009 | REIN-LLC | CR2E101 (| 1/07) | |
| S. Certificate of Status Desired Search Required Search Registered Agent Search Address of New Registered Agent Search Registe | | | City & State | | | | | | | | |
| Name | | | | | | | 5. Certificate of Status Desired Fee Required | | | | |
| STORMATURE Street Address (P.O. Box Number is Not Acceptable) | | 6. Name and Address of Current F | | Name | | | | tegistered Agent | | | |
| City Vero Beach FL 2020/2046 8. The above fremed entity submits the state ent for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWIII FEE IS \$277.50 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES NAME KELLY, CHAD SIREST ADDRESS OF SEAD OTTY-SI-2P FINE MGR. BYOLD J. KEVIN SIREST ADDRESS OTTY-SI-2P OTTY-SI-2P OTTY-SI-2P TITLE MGR. MGR. BYOLD J. KEVIN BYOLD J. KEVIN SIREST ADDRESS OTTY-SI-2P OTTY-SI-2P TITLE MGR. Change Addition MAKE SIREST ADDRESS OTTY-SI-2P TITLE MGR. APR - 8 2009 EXAMINER Detes TITLE TITLE | KELLY, C | -IAD | ے. | | | | | | | | |
| 8. The above/marks only-sports this state-ident for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation or designed agent. SIGNATURE FILE NOWIII FEE IS \$277.50 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notices. Florida Department of State B. MANAGING MEMBERS/MANAGERS ITILE MGR KELLY, CHAD SIRET MORES TITLE MGR KELLY, CHAD SIRET MORES CITY-ST-2P VERO BEACH, FL 32961 TITLE MMC BYNUM, J. KEVIN SIRET MORES GITY-ST-2P TITLE MMC SIRET MORES GITY-ST-2P TITLE MMC SIRET MORES GITY-ST-2P TITLE MMC APR - 8 2009 TITLE MMC APR - 8 2009 TITLE MMC SIRET MORES GITY-ST-2P TITLE MMC APR - 8 2009 TITLE MMC SIRET MORESS GITY-ST-2P TITLE MMC APR - 8 2009 TITLE MMC SIRET MORESS GITY-ST-2P TITLE MMC SIRET MORESS | | | | | Street Add | reet Address (P.O. Box Number is Not Acceptable) | | | | | _ |
| 8. The above/marks only-sports this state-ident for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation or designed agent. SIGNATURE FILE NOWIII FEE IS \$277.50 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notices. Florida Department of State B. MANAGING MEMBERS/MANAGERS ITILE MGR KELLY, CHAD SIRET MORES TITLE MGR KELLY, CHAD SIRET MORES CITY-ST-2P VERO BEACH, FL 32961 TITLE MMC BYNUM, J. KEVIN SIRET MORES GITY-ST-2P TITLE MMC SIRET MORES GITY-ST-2P TITLE MMC SIRET MORES GITY-ST-2P TITLE MMC APR - 8 2009 TITLE MMC APR - 8 2009 TITLE MMC SIRET MORES GITY-ST-2P TITLE MMC APR - 8 2009 TITLE MMC SIRET MORESS GITY-ST-2P TITLE MMC APR - 8 2009 TITLE MMC SIRET MORESS GITY-ST-2P TITLE MMC SIRET MORESS | | // | | | City Va | | 8000 | | FI Zi | p Code | _ |
| THE DOUGHER OF registered agent. SIGNATURE FILE NOWIII FEE IS \$277.50 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. FILE NOWIII FEE IS \$277.50 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Florida Department of State 9. | 8. The above | named entity/submits this statement for | registere | , - | | | in the State of Flo | orida. Lam familia | 3 29 6 6 r with, and accep | | |
| FILE NOWII FEE IS \$277.50 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. S. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Change Change Addition | the obligations of registered agent. | | | | | | | | | | |
| FILE NOWIII FEE IS \$277.50 In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to Florida Department of State | SIGNATURE | | | | | | | | | | |
| B. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MARK KELLY, CHAD MANAGERS MANAGERS TITLE MARK KELLY, CHAD MANAGERS THE MARK | | | | | | | * | · · · · · · | | | |
| TITLE MANE NAME STREET ADDRESS CITY-ST-2P VERO BEACH, FL 32961 TITLE MANE STREET ADDRESS CITY-ST-2P VERO BEACH, FL 32966 TITLE MANE STREET ADDRESS CITY-ST-2P VERO BEACH, FL 32966 TITLE MANE STREET ADDRESS CITY-ST-2P TITLE NAME STR | | | | | | | | | | | į |
| MANE Change Addition | | / | | _ | | A | | ADDITIONS | | | |
| STREET ADDRESS CITY-ST-2IP URO BEACH, FL 32961 STREET ADDRESS CITY-ST-2IP URO BEACH, FL 32961 STREET ADDRESS CITY-ST-2IP URO BEACH, FL 32966 STREET ADDRESS CITY-ST-2IP STREET ADDRESS CITY-ST- | | | Delete | | | | | Gaulon | □ 0 | nange 🔀 Additio | on |
| CITY-ST-2P VERO BEACH, FL 32961 TITLE MGR STREET ADDRESS 1970 122ND AVENUE VERO BEACH, FL 32966 TITLE NAME STREET ADDRESS CITY-ST-2P VERO BEACH, FL 32966 CITY-ST-2P VERO BEACH, FL 32966 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-S | | [| | | ET ADDRESS | 1970 | 170-1220d Avenue | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32966 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S | CITY-ST-ZIP | | | | -ST-ZIP | ver | o Beach | , FL 32 | 966 | | _ |
| STREET ADDRESS CITY-ST-2IP VERO BEACH, FL 32966 TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME APR - 8 2009 TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDR | | | ☐ Delete | | | | | | □ c | nange | on |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY- | | 1970 122ND AVENUE | | | | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CIT | CITY-ST-ZIP | | | | ST-ZIP | | | | | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME APR - 8 2009 EXAMINER Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C | | | Delete | | - 1 | | | | | nange 🔲 Additio | on |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME APR - 8 2009 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | | | | | | | 01484 | 37028 | ∄ | ļ |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. It hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Fiorida Statutes. I further certify that the information indicated on this report is tranand 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 of their eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: | | | | | - 1 | | 04/02/1 | 0901020- | 022 **2 | 277.50 | • |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO BE THE TADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO BE THE TADDRESS CITY | TITLE | | ☐ Delete | TITLE | | | " | | □ c | nange 🔲 Additio | on |
| NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Fiorida Statutes. I further certify that the information indicated on this report is traband 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 of their eceivery or trustee empowering to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: | | _ | | | | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Fiorida Statutes. I further certify that the information indicated on this report is traband 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 of their eceivery or trustee empowering to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: | | S. HAWKES | | | - 1 | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Fiorida Statutes. I further certify that the information indicated on this report is traband 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 of their eceivery or trustee empowering to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: | TITLE | | ☐ Delete | TITLE | | | | | | nange | on |
| NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Fiorida Statutes. I further certify that the information indicated on this report is traband 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 of their eceivery or trustee empowering to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: | | APR - 8 2009 | | | - 1 | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Fiorida Statutes. I further certify that the information indicated on this report is traband 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 of their eceivery or trustee empowering to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: | | FYARMINE | | | | | Th Torr | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP 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 transand 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 of their eceivery or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: | TITLE | | ☐ Delete | TITLE | K | Œ | 11/21 | ATEN | VENTO | ange 🔲 Additio | on |
| SIREL AUDRESS CITY-ST-ZIP 11. It hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Fiorida Statutes. I further certify that the information indicated on this report is transand 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 of the receivery or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: | | | | 1 |] | \overline{c} | 2008 | - 09 | · | | |
| 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 transactional 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 of their eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: | | _ | | 1 | 1 | _ | • | , | • | | |
| SIGNATURE: | | certify that the information supplied with | this filing does not qualify for | _1 | 1 | ained i | in Chapter 119, Fi | orida Statutes. I fu | urther certify that t | he information | ᅱ |
| SIGNATURE: A. Lum Donn | indicatéd limited lia | on this report is true and accurate and t bility company of the receiver or trustee | that my signature shall have empowered to execute this | the same report as | legal effect required by | as if m Chapte | nade under oath, t er 608, Florida St | that I am a manag atutes. | ging member or m | anager of the | |
| SIGNATURE:// VVV _ VVVV _ VVVVV | | () // - | \angle | | | | | | | | |
| | SIGNAT | UKE://\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | NAGER, OR | AUTHORIZED RE | EPRESE | NTATIVE | Date | Daytime P | hone # | - |