


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
09 APR -7 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000018162	
--------------------------------	-----------------------------------------------------------------------------------

1. Entity Name LOCKWOOD LANE ACQUISITION GROUP, LLC	Principal Place of Business 3885 20TH STREET STE 201 VERO BEACH, FL 32960	Mailing Address PO BOX 1328 VERO BEACH, FL 32961 US
---------------------------------------------------------------	-----------------------------------------------------------------------------------------	-------------------------------------------------------------------

2. Principal Place of Business - No P.O. Box # 1970 - 122nd Avenue	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State VERO BEACH, FL	City & State
Zip 32966	Country USA

02022009 REIN-LLC CR2E101 (1/07)	
4. FEI Number 20-0835611	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KELLY, CHAD 750 LAKE DRIVE VERO BEACH, FL 32963	7. Name and Address of New Registered Agent Name J. Kevin Bynum Street Address (P.O. Box Number is Not Acceptable) 1970 - 122nd Avenue City VERO BEACH FL Zip Code 32966
-------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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 *J. Kevin Bynum* (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$277.50	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 KELLY, CHAD PO BOX 5200 VERO BEACH, FL 32961 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lawrence, Gaylon 1970 - 122nd Avenue VERO BEACH, FL 32966 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BYNUM, J. KEVIN 1970 122ND AVENUE VERO BEACH, FL 32966 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *J. Kevin Bynum* DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

S. HAWKES
APR - 8 2009
EXAMINER

REINSTATEMENT
2008-09