

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000020282

Entity Name: JAXPLEX, LLC

FILED
Feb 27, 2007
Secretary of State

Current Principal Place of Business:

744 E. BURGESS ROAD, SUITE E-104
PENSACOLA, FL 32504 US

New Principal Place of Business:

1144 W. NINE MILE RD
STE B
PENSACOLA, FL 32534 US

Current Mailing Address:

744 E. BURGESS ROAD, SUITE E-104
PENSACOLA, FL 32504 US

New Mailing Address:

1144 W. NINE MILE RD
STE B
PENSACOLA, FL 32534 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

NICI, JAMES R ESQ
C/O COX & NICI
1185 IMMOKALEE ROAD, SUITE 110
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

STEVENSON, FRANK
1144 W. NINE MILE RD
STE B
PENSACOLA, FL 32534 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: FRANK STEVENSON

02/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STEVENSON, FRANK
Address: 744 E. BURGESS RD., SUITE E-104
City-St-Zip: PENSACOLA, FL 32504 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STEVENSON, FRANK
Address: 1144 W. NINE MILE RD STE B
City-St-Zip: PENSACOLA, FL 32534 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: FRANK STEVENSON

MGR

02/27/2007

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