2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
May 03, 2007
Secretary of State

DOCUMENT# L04000021306

Entity Name: VI-CON DEVELOPMENT GROUP, LLC

Current Principal Place of Business:

219 GENEVA DR
OVIEDO, FL 32765

New Principal Place of Business:

1705 KENNEDY PT.
OVIEDO, FL 32765

Current Mailing Address:

219 GENEVA DR
OVIEDO, FL 32765

New Mailing Address:

1705 KENNEDY PT.
OVIEDO, FL 32765

FEI Number: 90-0149601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, CHRISTOPHER L
219 GENEVA DR
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

JOHNSON, CHRISTOPHER L
1705 KENNEDY PT.
OVIEDO, FL 32765 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: CHRISTOPHER L. JOHNSON 05/03/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JOHNSON, CHRISTOHER L
Address: 219 GENEVA DR
City-St-Zip: OVIEDO, FL 32765

Title: MGRM ( ) Delete
Name: KUE, PETER M
Address: 78 DOLPHIN DR
City-St-Zip: ST AUGUSTINE, FL 32080

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: JOHNSON, CHRISTOHER L
Address: 1705 KENNEDY PT.
City-St-Zip: OVIEDO, FL 32765

Title: MGRM (X) Change ( ) Addition
Name: KUC, PETER M
Address: 78 DOLPHIN DR
City-St-Zip: ST AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTOPHER L. JOHNSON MGRM 05/03/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date