2006 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE:

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Daytme Phone #

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1. Entity Naπ	ne	# L04000026 OR COVERING LL			APR 10 A					
Principal Plac	e of Busines	.s	Mailing Address			1				
11289 S.W. 85TH AVE.			P.O. BOX 342							
11289 S.W. 851H AVE. STARKE, FL 32091			GRAHAM, FL 32042			1				
STARRE, FE 32091 GRAHAW, FE 32042]0[
2. Principal Place of Business			3. Mailing Address			WA/				
						1			#IIK# IIIII ##II# #I	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03302006	REIN-LLC	CR2E	101 (11/05)	
City & State			City & State			4. FEI Numb	Pr.		I A	oplied For
,						4	20 - 097	0804	No.	ot Applicable
Zip	Zip Country		Zip Cour		ry	E Continue	of Status Desired		\$5.00 Add	ditional
1				į		5. Certificate	of Status Desired		Fee Require	
	6. Name	and Address of Curren	t Registered Agent			7. Name and	Address of New	Registered	Agent	
				ĺ	Name					
ROGERS,				Charles			or is Not Associate	ala)		·
11289 S.V					Street Address (P.O. Box Number is Not Acceptable)					
STARKE,	FL* 3209 I			Ī						
									T	
•					City			FL	Zip Cod	θ
8. The above	named entit	y submits this statement f	or the purpose of changing its	registere	ed office or registe	ered agent, or bo	th, in the State of F	Florida. Fam	familiar with,	and accept
the obligat	tions of regist	tered agy nt.				-				_
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SIGNATORE	Signature, typed	of Inted name of registered agen	t and title if applicable. (NOT	E: Registere	d Agent signature requ	ired when reinstating		DATE		
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			00/01/15 5.0 4	l	Ma	ke check r	payable to			
FILE	NOWIII	FEE IS \$100.00	In accordance with liability company did					,	nent of Stat	e
	NOW!!!		liability company did	d not rec			Flori	da Departn	nent of Stat	e
9.		FEE IS \$100.00 MANAGING MEMB	liability company did	o not reco	eive the prior no		Flori	,	nent of Stat	
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