

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 9:06

DOCUMENT # L04000032050					
1. Entity Name CURTIS JOHNSON GROUP, L.L.C.					
Principal Place of Business 11670 NW 56TH DRIVE APT 106 CORAL SPRINGS, FL 33076			Mailing Address 403 WEEPING WILLOW DRIVE DURHAM, NC 27704 NC		
2. Principal Place of Business 1107 21st Court East		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12282006 REIN-LLC CR2E101 (11/05)	
City & State Palmetto Florida		City & State		4. FEI Number 20-1045426	
Zip 34221		Country Manatee		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HENRY FINANCIAL MANAGEMENT, L.L.C. 7562 NW 127TH MNR PARKLAND, FL 33076-4235			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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				12-27-06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		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 JOHNSON, CURTIS JR 403 WEEPING WILLOW DR DURHAM, NC 27704	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
600082906986 01/02/07--01043--020 **50.00			REINSTATEMENT 2006		
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:		12-27-06		310-628-6384	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	