2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # L04000033749** 1. Entity Name DOUG TESKY LLC 06 JUN 21 AM 9:41 Principal Place of Business Mailing Address 301 SUMMERFIELD DRIVE 301 SUMMERFIELD DRIVE WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880 2. Principal Place of Business 3. Mailing Addres Combee Ro 06152006 REIN-LLC CR2E101 (11/05) Applied For 4. FEI Number 20-1797696 Not Applicable \$5.00 Additional 5. Certificate of Status Desired たりと Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ~ Name TESKY, DOUG Street Address (P.O. Box Number is Not Acceptable) 301 SUMMERFIELD DRIVE WINTER HAVEN, FL 33880 Zip Code 33805 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$100.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR MGR Change Change ■ Addition TITLE □ Delete TITLE TESKY Doug 2925 IV. Comber Kd TESKY, DOUG NAME NAME 301 SUMMERFIELD DRIVE STREET ADDRESS STREET ADDRESS WINTER HAVEN, FL 33880 CITY-ST-ZIP CITY-ST-78P MGR ☐ Change ☐ Addition ☐ Delete TITLE TITLE COLE, GERALD L NAME NAME STREET ADDRESS 301 SUMMERFIELD DRIVE STREET ADDRESS 100076650771 WINTER HAVEN, FL 33880 CITY-ST-ZIP **100 ១០ CITY-ST-ZIP /27/06---01062--002 ☐ Change TITLE MGR Delete ΤΙΤΙΕ ☐ Addition TESKY, JEREMIAH NAME NAME STREET ADDRESS 301 SUMMERFIELD DRIVE STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP C/TY-ST-ZIP ☐ Change TITLE ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby 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.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIV