

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000036512

Entity Name: REINVENT, LLC

FILED
Jan 08, 2006
Secretary of State

Current Principal Place of Business:

4100 N. WICKHAM ROAD, SUITE 102-167
MELBOURNE, FL 32935

New Principal Place of Business:

3648 BLUEFIELD AVENUE
MELBOURNE, FL 32934 US

Current Mailing Address:

4100 N. WICKHAM ROAD, SUITE 102-167
MELBOURNE, FL 32935

New Mailing Address:

P.O. BOX 411404
MELBOURNE, FL 32941 US

FEI Number: 20-1136695 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

SWAIN, ROSETTA
3648 BLUEFIELD AVENUE
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

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: ROSETTA SWAIN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SWAIN, TRACY
Address: 13049 LAUREL TREE LANE #404
City-St-Zip: HERNDON, VA 20171

Title: MGR () Delete
Name: SWAIN, ROSETTA
Address: 3648 BLUEFIELD AVENUE
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SWAIN, TRACY
Address: 14378 HAVENER HOUSE CT
City-St-Zip: CENTREVILLE, VA 20120

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TRACY SWAIN

MGR

01/08/2006

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