2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
May 14, 2007
Secretary of State

DOCUMENT# L04000038684

Entity Name: MICHAEL OLIVER ENTERPRISES LLC

Current Principal Place of Business:

31089 LOCHMORE CIR
SORRENTO, FL 32776

New Principal Place of Business:

30129 CR 435
SORRENTO, FL 32776

Current Mailing Address:

31089 LOCHMORE CIR
SORRENTO, FL 32776

New Mailing Address:

30129 CR 435
SORRENTO, FL 32776

FEI Number: 59-3261060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

OLIVER, MICHAEL
31089 LOCHMORE CIR
SORRENTO, FL 32776 US

Name and Address of New Registered Agent:

OLIVER, MICHAEL
30129 CR 435
SORRENTO, FL 32776 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: MICHAEL OLIVER 05/14/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: OLIVER, MICHAEL
Address: 31089 LOCHMORE CIR
City-St-Zip: SORRENTO, FL 32776

Title: MGRM ( ) Delete
Name: OLIVER, NEYSA
Address: 31089 LOCHMORE CIR
City-St-Zip: SORRENTO, FL 32776

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: OLIVER, MICHAEL
Address: 30129 CR 435
City-St-Zip: SORRENTO, FL 32776

Title: MGRM (X) Change ( ) Addition
Name: OLIVER, NEYSA
Address: 30129 CR 435
City-St-Zip: SORRENTO, FL 32776

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: MICHAEL OLIVER MGR 05/14/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date