2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000046028 DAVID WALEN, LLC 08 JAN -8 PH 4: 25 SECRETAN TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4989 US HWY 27 4989 US HWY 27 BRANFORD, FL 32008 BRANFORD, FL 32008 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 12272007 REIN-LLC CR2E101 (1/07) City & State 4. FEI Number Applied For City & State 36-4556319 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALEN, DAVID M Street Address (P.O. Box Number is Not Acceptable) 4989 US HWY 27 BRANFORD, FL 32008 City 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 ered agent SIGNATU FILE NOW!!! FEE IS \$150.00 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGR TITLE TITLE ■ Addition ☐ Delete ☐ Change WALEN, DAVID M NAME NAME 4989 US HWY 27 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRANFORD, FL 32008 CITY-ST-ZIP TITLE Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME NAME STREELADDRESSTATEMENT CAPT THEE STREET ADDRESS CITY-ST-ZIP TITLE Detete Addition NAME STREET ADDRESS CITY-SI-ZIP □ DeleteR TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. He receiver or you've empowered to execute this report as required by Chapter 608, Florida Statutes.