## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

Piece of Business	DOCUMENT # L0400054522  1. Entity Name JOHNSON HABLITZEL & JOHNSON LLC					FILED 07 OCT -5 PM 1:41			<b>լ։ կ Լ</b>	
Sure. April R. etc.    Suite. April R. etc.   Suite. April R. etc.   Suite. April R. etc.   Suite. April R. etc.   Suite. April R. etc.   A FEI Number   A F	403 GRACIELA CIRCLE		PMB 343, 1835 US 1 SOUTH Suite 119							
Cry & State  Country  S. Certificate of Status Desarted  S. Cry S. State  Cry S. State Address of New Registered Agent  The Above rearned entity submitted Professional State  S. Cry S. State Address of New Registered Agent  Cry S. Cry S. Certificate of State  S. Cry S. State Address of Professional Desarted Agent  Cry S. Cry S. Certificate of State Agents  Cry S. Cry S. Cry S. Certificate Agents  Cry S. Cry S. Certificate of State Agents  Cry S. Cr	2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Second   Status Desired   St.00 Applicable   St.0	Suite, Apt. #, etc.		Suite, Apt. #, etc.			09212007	REIN-LLC (	CR2E101 (1/07)		
S. Sethicated of Status Desired   Status	City & State		City & State					<b>⊢</b>		
Same   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip Cour		try	5. Certificat	e of Status Desired	\$5.00 Add	itional	
Sireet Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  6. The above numed entity submay registrated with the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered place in the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered place in the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered place in the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida Department of State.  International Agent	6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent				
City FL Zip Code  8. The above named entity submits of registered signs of the chigations of registered signs of registered signs of the chigations of registered signs of	403 GRAC	CIELA CIRCLE			Street Address (P.O. Box Number is Not Acceptable)					
SIGNATURE    FILE NOW!! FEE IS \$50.00   In accordance with 5. 607.193(2)(b), F.S., the limited   Make check payable to Florida Department of State	01 A000011NE, 1E 32000				City			FL Zip Cod	e :	
FILE NOMITI FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00  In accordance with s, 607.193(2)(b), F. S., the limited Iability company did not receive the prior notice.  9. MANAGING MEMBERS / MANAGERS  10. ADDITIONS/CHANGES  TITLE MGR JOHNSON, AARON M STRETI ADDRESS CITY-ST- 2P STRET ADDRESS CITY-ST- 2P ADDRESS ADJUSTINE, FL 32086  CITY-ST- 2P ADDRESS ADJUSTINE, FL 32086  TITLE MGR JOHNSON, MICHAEL W STRETI ADDRESS CITY-ST- 2P ADDRESS ADJUSTINE, FL 32086  TITLE MGR JOHNSON, MICHAEL W STRETI ADDRESS CITY-ST- 2P ADDRESS ADJUSTINE, FL 32003  TITLE MGR HABILITZEL, MATTHEWL STRETI ADDRESS CITY-ST- 2P TITLE MAKE STRETI ADDRE	the obligations of registered agent.  SIGNATURE 9/21/07									
TITLE MARK JOHNSON, AARON M JOHNSON, SARON M JOHNSON, SARON M JOHNSON, MICHAEL W STREET ADDRESS CITY-ST-ZP REPARAME CITY-FL 32405 TITLE MARK STREET ADDRESS CITY-ST-ZP REPARAMENT CITY-FL 32405 TI	FILE NOWIII FEE IS \$50.00 In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to								e	
NAME STREET ADDRESS CITY-ST-2P TITLE MGR JOHNSON, MICHAEL W STREET ADDRESS CITY-ST-2P TITLE MGR JOHNSON, MICHAEL W STREET ADDRESS CITY-ST-2P APOPKA, FL 32703 STREET ADDRESS CITY-ST-2P TITLE MGR JOHNSON, MICHAEL W STREET ADDRESS CITY-ST-2P TITLE MAME JOHNSON, MICHAEL W STREET ADDRESS CITY-ST-2P TITLE MAME STREET ADDRESS CITY-ST-2P STREET ADDRE	<del></del>	<del></del>		_		-	ADDITIONS/CHA		C Addition	
MME JOHNSON, MICHAEL W SIRET ADDRESS CITY-ST-ZIP TITLE MGR HABLITZEL, MATTHEW L SIRET ADDRESS CITY-ST-ZIP TITLE MGR HABLITZEL, MATTHEW L SIRET ADDRESS CITY-ST-ZIP TITLE MAME SIRET ADDRESS CITY-ST-	STREET ADDRESS	JOHNSON, AARON M NAM STRICK ST			E	_ , _				
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MAKE HABLITZEL, MATTHEW L STRET ADDRESS CITY-ST-ZIP TITLE MAME STRET ADDRESS CITY-ST-	NAME STREET ADDRESS	JOHNSON, MICHAEL W NAM 1438 FONTAINE DRIVE STRE			ET ADORESS			□ Change	☐ Addition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-S	NAME STREET ADDRESS	HABLITZEL, MATTHEW L 2852 LONGLEAF ROAD	☐ Delete	NAME	E		,	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP  TITLE  MAME STREET	TITLE	PANAMA CITY, FL 32405	☐ Delete	-		<del></del>		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE OBERET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS 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 or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	STREET ADDRESS			STRE	ET ADDRESS			NTT.		
STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS 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 or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	TITLE		☐ Delete	TITLE	T	<b>NS 1</b> /	YIEWE	Thange	Addition	
NAME  NAME  NAME  STREET ADDRESS  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 or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	STREET ADDRESS			STREE	ET ADDRESS			01		
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	11. I hereby of indicated			the exer	mptions contained			certify that the info nember or manage	rmation r of the	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date		URE:	Mrs	,	AAROU JOH	Goen			23	