2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # L04000054814** 09 JUN -9 PM 1: 42 ACC INVESTMENTS, LLC Principal Place of Business Mailing Address P.O. BOX 950577 3511 ACRE COURT LAKE MARY, FL 32705-0577 LAKE MARY, FL 32746 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7684 MARKHAM BEND Place 7684 MARKHAM BEND Place 06022009 REIN-LLC CR2E101 (1/07) City & State City & State 4. FEI Number Applied For SANFORD SANFORD 61-1473193 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALKER, TODD D 10 WINDSORMERE WAY, SUITE 200 Street Address (P.O. Box Number is Not Acceptable) OVIEDO, FL 32765 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 registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating DATE In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to FILE NOW!!! FEE IS \$277.50 liability company did not receive the prior notice. Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM TITLE MGRM ☐ Change **Addition** Delete BROCK, BEVERLY.H MCELHINNY, JASON R NAME NAME 7684 MARKHAM BEND PLACE STREET ADDRESS 3511 ACRE COURT STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32746 CITY-ST-ZIP SANFORD, FL 32771 MGRM TITLE Delete TITLE MGRM Change ☐ Addition BROCK, TERRENCE C NAME NAME BROCK, TERENCE C. STREET ADDRESS 676 GREYWOOD DR STREET ADDRESS 7684 MARKHAM BEND PLACE ALTAMONT SPRINGS, FL 32701 CITY-ST-ZIE CITY-ST-ZIP SANFORD, FL 32771 TITLE Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME 5UU156791575 06/04/09--01020--022 **2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **277.50 TITLE Change ☐ Addition TITLE NAME REINSTATEMENT 2008, 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 or trustee empowed to execute this report as required by Chapter 608, Florida Statutes.