

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000055413

Entity Name: 1-800-MASCOTS, LLC

FILED  
Mar 29, 2006  
Secretary of State

**Current Principal Place of Business:**

401 EAST LAS OLAS BOULEVARD, SUITE 1400  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

8931 BAY COVE CT.  
ORLANDO, FL 32819

**Current Mailing Address:**

401 EAST LAS OLAS BOULEVARD, SUITE 1400  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

8931 BAY COVE CT.  
ORLANDO, FL 32819

FEI Number: 47-0948915      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:**

NOTT, SHERI E  
401 EAST LAS OLAS BOULEVARD, SUITE 1400  
FORT LAUDERDALE, FL 33301      US

**Name and Address of New Registered Agent:**

NOTT, SHERI E  
1735 EAST ATLANTIC AVE.  
POMPANO BEACH, FL 33060      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: SHERI NOTT

03/29/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES ( ) Change (X) Addition  
Name: HAMILTON, SHAWN D MR.  
Address: 8931 BAY COVE CT.  
City-St-Zip: ORLANDO, FL 32819

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: SHAWN HAMILTON

PRES

03/29/2006

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