

Amended

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000056256 1. Entity Name FIRST CHANCE INVESTMENTS, L.L.C.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC -2 AM 8:35

Principal Place of Business 300 31ST STREET N., #325 ST. PETERSBURG, FL 33712	Mailing Address 300 31ST STREET N., #325 ST. PETERSBURG, FL 33712
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2. Principal Place of Business 6860 Gulfport Blvd. Suite, Apt. #, etc. 800 City & State St. Petersburg, Florida Zip 33707 Country Pinellas	3. Mailing Address 6860 Gulfport Blvd. Suite, Apt. #, etc. 800 City & State St. Petersburg, Florida Zip 33707 Country Pinellas	4. FEI Number 20-14000 86 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DE WAINWRIGHT, VANESSA CERALL 6070 GULFPORT BLVD. ST. PETERSBURG, FL 33707	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE WAINWRIGHT, VANESSA CERALL	NAME	
STREET ADDRESS	6070 GULFPORT BLVD.	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33707	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAINWRIGHT, TIMOTHY SCOTT	NAME	
STREET ADDRESS	6070 GULFPORT BLVD.	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33707	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 exemption stated in Section 119.07(3)(i), 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Jim Scott Wainwright Date: Sept 27, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #