

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000060169

FILED
Aug 12, 2008
Secretary of State

Entity Name: HOST, LLC

Current Principal Place of Business:

3102 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803

New Principal Place of Business:

3102 SOUTH FLORIDA AVENUE
LAKELAND, FL 338035449 US

Current Mailing Address:

P O BOX 5235
LAKELAND, FL 338075235

New Mailing Address:

3102 SOUTH FLORIDA AVENUE
LAKELAND, FL 338035449 US

FEI Number: 27-0099541 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

HOSTUTLER, JACK
3102 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

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: JACK HOSTUTLER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOSTUTLER, JACK
Address: 3102 SOUTH FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33803

Title: MGR (X) Delete
Name: HOSTUTLER, RICHARD
Address: 3102 SOUTH FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HOSTUTLER, JACK
Address: 3102 SOUTH FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 338035449 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JACK HOSTUTLER

MGR

08/12/2008

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