


# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L04000063584</b>		
1. Entity Name SPlicing SPECIALTIES LLC		

Principal Place of Business 1400 VILLAGE SQUARE BLVD. #3 BOX 261 TALLAHASSEE, FL 32312	Mailing Address 1400 VILLAGE SQUARE BLVD. #3 BOX 261 TALLAHASSEE, FL 32312
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 252
Suite, Apt. #, etc. 21 Montgomery Dr.	Suite, Apt. #, etc.

City & State Crawfordville FL	City & State St. Marks, FL
Zip 32327	Zip 32355
Country U.S.	Country U.S.

6. Name and Address of Current Registered Agent	
ROMINE, MARY L <del>1400 VILLAGE SQUARE BLVD. #3</del> <del>BOX 261</del> TALLAHASSEE, FL 32312	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
21 Montgomery Dr. City: Crawfordville FL Zip Code: 32327	

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
SIGNATURE: <i>Mary Romine</i>		

<b>FILE NOW!!! FEE IS \$277.50</b>		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	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	P.O. Box 252	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMINE, MARY L		NAME	ST. MARKS, FL. 32355	
STREET ADDRESS	<del>1400 VILLAGE SQUARE BLVD. #3</del>		STREET ADDRESS		
CITY-ST-ZIP	<del>TALLAHASSEE, FL 32312</del>		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	P.O. Box 252	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIREY, JOEL D		NAME	ST. MARKS, FL. 32355	
STREET ADDRESS	<del>1400 VILLAGE SQUARE BLVD. #3</del>		STREET ADDRESS		
CITY-ST-ZIP	<del>TALLAHASSEE, FL 32312</del>		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 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 empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE:	4-3-09	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

**FILED**

09 APR -3 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04032009 REIN-LLC CR2E101 (1/07)

4. FEI Number  
74-3129031

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

**REINSTATEMENT**

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