## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

## FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # L04000064640 1. Entity Name JONATHAN ARMIN BRUNELLE, LLC 06 OCT 23 AM 10: 09 Principal Place of Business Mailing Address 2541 GEORGIAN BAY CIRCLE APT 10 7541 GEORGIAN BAY CR. #102 FT MYERS, FL 33912 FT MYERS, FL 33912 2. Principal Place of Business 486 | 30<sup>Th</sup> ST. S.w. 3. Mailing Address 4861 30th S7. S.W. Suite, Apt. #, etc. Suite, Apt. #, etc. REIN-LLC CR2E101 (11/05) 10192006 City & State City & State 4. FEI Number Applied For Lehigh 59-0461446 Not Applicable zip 3397 i Country Country \$5.00 Additional 5. Certificate of Status Desired AZU 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent BRUNELLE JONATHAN ARMIN LANOR & 2541 GEORGIAN BAY CIRCLE APT 10 FT MYERS PL 33012 Street Address (P.O. Box Number is Not Acceptable) Brunelle, JOHATHAN AMMIN 30 Th 57. SW 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 SIGNATURE (NOTE: Registered Agent alignature required when reinstating typed or printed name of registered agent and title if applicable In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGMM Change MGRM TITLE Delete TITLE ☐ Addition BRUNEWE, JOHNTHAN AMUN 4861 30-167. SW BRUNELLE, JONATHAN ARMIN NAME NAME 2541 GEORGIAN BAY CIRCLE APT 10 STREET ADDRESS STREET ADDRESS LEHIGH FL 33971 CITY-ST-ZIP **FT MYERS, FL 33912** CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE Delete 000081116 10/23/06--01037--013 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Detete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete Rede Diavent NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE 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 AND TY ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

239)707-5970

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10.19.06