2006 PLEASE READ ALL INSTRUCTIONS BEFORE C

FILED
Mar 31, 2006 8:00 am
Secretary of State
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LIMITED LIABILITY COMPANY
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # L04600064705

1. Limited Liability Company's Name

Nationwide Lifts of Florida LLC

2. Principal Office Address	3. Mailing Office Address
500 Jonathan ct.	500 Jonathan ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Havana, FL	City & State: Havana, FL
Zip: 32333 Country: U.S.A.	Zip: 32333 Country: U.S.A.

4. State/Country of Formation: Florida / Gadsden / USA

5. Date Organized or Qualified To Do Business in Florida: 08/31/04

6. FEI Number: 51-0524083 — Applied For — Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Greg Chentnik

Street Address (P.O. Box Number is Not Acceptable): 510 Jonathan ct.

Suite, Apt. #, Etc.:

City: Havana | State: FL | Zip Code: 32333

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Greg Chentnik — REGISTERED AGENT MUST SIGN — Date: 02/01/06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	~~Greg Chentnik~~	~~510 Jonathan ct~~	~~Havana, FL 32333~~
MGRM	Chet Chentnik	766 Beaver Creek Ln	Havana, FL 32333
MGRM	Dave Wager	3316 Vassar ct	Tallahassee, FL 32308
MGRM	Rick Cramer	187 Carty Brown Rd	Sopchoppy, FL 32358

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: Greg Chentnik — Date: 02/02/01 — Daytime Phone #: 850-539-1899

Typed or printed name of signing Managing Member/Manager: Greg Chentnik