

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000065212 1. Entity Name MICHELE MATHEWS & ASSOC, LLC						<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">FILED</div> <div style="font-size: 1.2em;">07 NOV 16 PM 12:56</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 11113 VERSAILLES BLVD. CLERMONT, FL 34711				Mailing Address 11113 VERSAILLES BLVD. CLERMONT, FL 34711			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number 14-1914466				Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				11082007 REIN-LLC CR2E101 (1/07)			
6. Name and Address of Current Registered Agent DECUBELLIS, MEEKS & UNCAPHER, P.A. 837 NORTH GARLAND AVENUE ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name CFRA, LLC Street Address (P.O. Box Number is Not Acceptable) Corporate Center Thru @ International 4221 W. Boy Scout Blvd, 10th FL PLAZA City Tampa FL Zip Code 33607			
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 <u><i>Michele Mathews</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>11/10/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATHEWS, P. M 11113 VERSAILLES BOULEVARD CLERMONT, FL 34711			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	11/16/07--01031--025 **155.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<div style="font-size: 2em; font-weight: bold;">REINSTATEMENT</div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">2007</div>							
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: <u><i>Michele Mathews</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date _____ Daytime Phone # _____			