2008 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # L04000067175** YANKEE WOOD SHOP LLC 08 APR 23 PH 2: 37 Principal Place of Business Mailing Address 1160 FEATHER DRIVE 1160 FEATHER DRIVE DELTONA, FL 32725 DELTONA, FL 32725 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072008 **REIN-LLC** CR2E101 (1/07) Applied For City & State City & State 4. FEL Number 20-1612401 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUADAGNO, GUIDO C Street Address (P.O. Box Number is Not Acceptable) 1160 FEATHER DRIVE DELTONA, FL 32725 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating Make check payable to FILE NOW!!! FEE IS \$277.50 In accordance with s. 607.193(2)(b), F.S., the limited Florida Department of State liability company did not receive the prior notice. 44 3 3 . MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGR TITLE TITLE ☐ Delete ☐ Change ☐ Addition GUADAGNO, GUIDO C NAME NAME 1160 FEATHER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32725 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME 600123955256 04/18/08--01004--025 **27 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS REINSTATEMENT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ 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 stight 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. BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR ANTHORIZED REPRESENTATIVE Daytime Phone #

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