

# 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L04000071470</b> 1. Entity Name <b>MERN EXPRESS LLC</b>					
Principal Place of Business <b>11642 LAKEVIEW DR. LEESBURG, FL 34788-4412</b>			Mailing Address <b>11642 LAKEVIEW DR. LEESBURG, FL 34788-4412</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc		3. Mailing Address Suite, Apt. #, etc			
City & State		City & State			
Zip	Country	Zip	Country	10282010 REIN-LLC CR2E101 (1/07)	
4. FEI Number <b>27-0105545</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MERILUS, NIXON 11642 LAKEVIEW DR. LEESBURG, FL 34788-4412</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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>[Signature]</i></u> DATE <u>10/28/10</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$238.75</b> <b>After January 1, 2011, Fee will be \$377.50</b>			<b>REINSTATEMENT</b> <u>2010 SPH</u>		
<b>Make check payable to Florida Department of State</b>			9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERILUS, NIXON 11642 LAKEVIEW DR. LEESBURG, FL 347884412 <input type="checkbox"/> Delete		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERILUS, MARIE 11642 LAKEVIEW DR. LEESBURG, FL 347884412 <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900187180659</b> <b>10/28/10--01002--009 **238.75</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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>[Signature]</i></u> DATE <u>10/28/10</u> <small>SIGNATURE AND DATE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

**FILED**

10 OCT 28 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

