2006 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REF

DOCUMENT # L04000071545 FFILED SECRETARY OF STATE **DIVISION OF CORPORATIONS** DOMÍNION FUNDING GROUP, LLC 06 MAR 10 AM 9: 04 Principal Place of Business Mailing Address 4915 N.W. 51ST ST. P.O. BOX 668428 TAMARAC, FL 33319 POMPANO BEACH, FL 33066 Box 3. Mailing Address <u>P.O. BOX</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 03072006 REIN-LLC CR2E101 (11/05) 4. FEI Number City & State City & State Applied For 51-0526318 Not Applicable \$5.00 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YMCHUK TYMCHUK, PETER Street Address (P.O. Box Number is Not Acceptable) 4915 N.W. 51ST ST. TAMARAC, FL 33319 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. leter SIGNATURE. Signature, typed or printed name of registered agent and title if applicable Make check payable to FILE NOW!!! FEE IS \$200.00 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM MGRIM TITLE TITLE Delete Change ☐ Addition YMCHUK, JAMES 915 N.W. SI COURT AMARAC, FL.333 TYMCHUK, PETER NAME NAME STREET ADDRESS 4035 S.W. 53RD STREET, APT F107 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33066 CITY-ST-ZIP MGRM TITLE Delete TITLE MGRM ☐ Addition MCHUK, PETER OD COLLONADE DRIVE TYMCHUK, JAMES NAME NAME 4915 N.W. 51ST ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33319 CITY-ST-ZIP NELLINGON, FL. 33461 TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 30006905225 ** 30/30/06--01044--008 CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE Addition TYMCHUK, EUGENE 4915 N.W. SI COURT TAMARAC, FL. 33319 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I he by certify that the information supplied with this filling 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 ecsiver or trustee impowered to execute this tender as required by Chapter 608, Florida Statutes.