FROM : A.u.G SCHUMACHER FAX NO. : 001 941 779 0813 May. 04 2006 09:51AM P2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 10:07

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000075670

1. Entity Name
H40, LLC

Principal Place of Business	Mailing Address
210 PALMETTO AVENUE ANNA MARIA, FL 34216 US	210 PALMETTO AVENUE ANNA MARIA, FL 34216 US

2. Principal Place of Business	3. Mailing Address
66TH STREET	6614 STREET
Suite, Apt. #, etc. 310	Suite, Apt. #, etc. 310
City & State HOLMES BEACH FLORIDA	City & State HOLMES BEACH FLORIDA
Zip 34217 Country USA	Zip 34217 Country USA

04042006 REIN-LLC CR2E101 (11/05)

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~PETER J. JAENSCH IMMIGRATION LAW FIRM, PA~~ ~~2198 MAIN STREET~~ ~~SARASOTA, FL 34237~~	Name: Renea M. Glendinning Street Address (P.O. Box Number is Not Acceptable): 1990 Main Street Suite 801 City: Sarasota FL Zip Code: 34236

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: Renea M. Glendinning 5/5/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HANDLEY, IAN M 39 BORROWCOP LANE, LICHFIELD STAFFORDSHIRE, WS14 9DG, – —	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HANDLEY, DENISE 39 BORROWCOP LANE, LICHFIELD STAFFORDSHIRE, WS14 9DG, – —	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700075216057 05/25/06--01004--023 **100.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HANDLEY, CLAIRE L 39 BORROWCOP LANE, LICHFIELD STAFFORDSHIRE, WS14 9DG, – —	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HANDLEY, JOANNE E 39 BORROWCOP LANE, LICHFIELD STAFFORDSHIRE, WS14 9DG, – —	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 05-06
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: J.M. Handley I M HANDLEY 05/04/06 9417782209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #