2006 LIMITED LIABILITY COMPANY REINSTATEMENT

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1. Entity Nam	e	#L04000760		יוס	VISION OF C	OF STORPOR	ATE ATIONS			
						! !	06 APR -7	AM 10:	09	
Principal Place	e of Busines	s	Mailing Address			i			-	
104 ORANGE AVENUE P.O. BOX 1844										
SUITE B GREEN COVE SPRINGS, FL 32					143 US	 				
GREEN COVE SPRINGS, FL 32043 US					,	M/mmu				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			b3302006	REIN-LLC	CR2E	101 (11/05)	
City & State			City & State			4. FEI Numbe)			plied For t Applicable
Zip	p Country		Zip Country		try	5. Certificate	of Status Desired		\$5.00 Add Fee Required	
	6. Name	e and Address of Current f	Registered Agent		N 1	7. Name and	Address of New R	egistered	Agent	
FIGURE C	מו בו עוני	i			Name					
FISHER, G 104 ORAN SUITE B			Street Address			(P.O. Box Number is Not Acceptable)				
	OVE SPR	RINGS, FL 32043					······································			
					City			FL		
		ty submits this statement for stered agent.	the purpose of changing its	registere	ed office or register	red agent, or bot	th, in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE .	Signature, type	d or printed name of registered agent a	nd title if applicable. (NOT	E: Registen	ed Agent signature requi	ired when reinstating)		DATE		
FILE NOW!!! FEE IS \$100.00 In accordance with s. 607.193(liability company did not receive										
9.			.1			L	A S DI TION IO			
5 .		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	CHANGES	•	i
TITLE	MGRM	MANAGING MEMBE	RS/MANAGERS Delete	10.	<u> </u>		ADDITIONS	CHANGES	Change	Addition
TITLE NAME	FISHER,	GUY H JR		TITLI	E				Change	Addition
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