2008 LIMITED LIABILITY COMPANY REINSTATEMENT

1. Entity Nam	MENT # L040000768 RCHOLUK, LLC	318			JIVISIO	FILED LETARY OF STA R OF CORPORAT	10115	
Principal Place of Business 428 NORTH HALIFAX AVE. DAYTONA BEACH, FL 32118		Mailing Address 428 NORTH HALIFAX AVE. DAYTONA BEACH, FL 32118				V 19 PM 1:		
2. Principal Place of Business No P.O. Box # / WAY/AND CIRCLE Suite, Apt. #/etc.		3. Mailing Address Suite, Apt. #, etc.		10032008	REIN-LLC	CR2E101 (1/0		
ORMOND Beach FL Zip Zip Zip Zip Zip Country US A		City & State Zip Country		13-429	4. FEI Number 13-4290329 Solution Applied For Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent DANIELS, DOUGLAS A 501 N. GRANDVIEW AVE. DAYTONA BEACH, FL 32118					7. Name and Address of New Registered Agent Ch WERCHOLUK P.O. Box Number is Not Acceptable) (IANCL CIRCLE and Beach FL Zig Code 174			
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								
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50 (NOTE: Registered Agent eigneture required [NOTE: Registered Agent eigneture requ					Mai	ke check payable to a Department of Si		
9.	MANAGING MEMBER	S/MANAGERS	10.		ADDITIONS	/CHANGES		
TITLE NAME	MGRM WERCHOLUK, RICHARD	Delete	TITLE NAME			A Chang	4	
STREET ADDRESS	428 NORTH HALIFAX AVE. DAYTONA BEACH, FL 32118	STREET ADDRESS CITY-ST-ZIP	ORMOND BEACHFE 32174					
TITLE	MGRM	☐ Delete	TITLE	<u> </u>	7 HO CE. 1	☑ Chan		
NAME STREET ADDRESS CITY-ST-ZIP	WERCHOLUK, LOUELLA M 428 NORTH HALIFAX AVE. DAYTONA BEACH, FL 32118	NAME STREET ADDRESS CITY-ST-ZIP	7 WAYLANDCIRCLE ORMOND BEACH, FL32174					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700138011167 11/17/0801060015 **138.75					
NAME STREET ADDRESS CITY-ST-ZIP		CL Osobete.	NAME STREET ADDRESS CITY-S1-ZIP			Cban	ge. 🔲 Addition.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chan	ge Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Instati	ewent_	□ Chang AOS	e 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: X 386 846-8805								