2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 31 AM 10:28

DOCUMENT # L04000078082

1. Entity Name
STIGER' SCREENING L.L.C.

Principal Place of Business	Mailing Address
5076 SE ORANGE STREET STUART, FL 34997 US	5076 SE ORANGE STREET STUART, FL 34997 US

10212005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
1240 SE St Josephs Arc West	1240 SE St Josephs Arc West
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Stuart FL	City & State: Stuart FL
Zip: 34996 Country: USA	Zip: 34996 Country: USA

4. FEI Number — X Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STIGER, GREG T SR
5076 SE ORANGE STREET
STUART, FL 34997

7. Name and Address of New Registered Agent

Name: Stiger, Lisa M + Greg T SR
Street Address (P.O. Box Number is Not Acceptable): 1240 SE St Josephs Arc West
City: Stuart FL Zip Code: 34996

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: Greg Stiger 10-22-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR STIGER, LISA M MANAGER 5076 SE ORANGE STREET STUART, FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER LISA Stiger M 1240 SE St Josephs Arc West STUART FL 34996	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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	800061043458 10/31/05--01045--004 **155.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2005	☐ Change ☐ Addition
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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 exemption stated in Section 119.07(3)(i), 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: Lisa Stiger Lisa Stiger 10-22-05 772-287-2231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #