


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 24 AM 10:26

|  |                                 |  |  |  |  |
|--|---------------------------------|--|--|--|--|
| <b>DOCUMENT # L04000078445</b><br>1. Entity Name<br><b>T3R, LLC</b>  |                                 |  |  |                   |  |
| Principal Place of Business<br><b>17768 66TH COURT, NORTH<br/>LOXAHATCHEE, FL 33470 US</b>   |                                 |  | Mailing Address<br><b>17768 66TH COURT, NORTH<br/>LOXAHATCHEE, FL 33470 US</b> |  |  |
| 2. Principal Place of Business   |                                 | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.  |                                 | Suite, Apt. #, etc.  |  |  |  |
| City & State   |                                 | City & State   |  |  |  |
| Zip  | Country                         | Zip  | Country  | 04062006 REIN-LLC CR2E101 (11/05)<br><br>4. FEI Number<br><b>20-1805941</b>                        |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                 |  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent  |                                 |  |  | 7. Name and Address of New Registered Agent  |  |
| <b>BALUCH, CHRISTOPHER P<br/>17768 66TH COURT, NORTH<br/>LOXAHATCHEE, FL 33470</b>   |                                 |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code              |  |
| 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 <u>Christopher Baluch</u><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                                 |  |  | DATE <u>4/13/06</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |  |
| <b>FILE NOW!!! FEE IS \$100.00</b>   |                                 | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. |  | <b>Make check payable to<br/>Florida Department of State</b>                                       |  |
| 9. MANAGING MEMBERS/MANAGERS   |                                 |  | 10. ADDITIONS/CHANGES  |  |  |
| TITLE  | MGRM                            | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |  |
| NAME   | <b>BALUCH, CHRISTOPHER P</b>    |  | NAME   |  |  |
| STREET ADDRESS   | <b>17768 66TH COURT, NORTH</b>  |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | <b>LOXAHATCHEE, FL 33470</b>    |  | CITY-ST-ZIP  |  |  |
| TITLE  | <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |  |
| NAME   |                                 |  | NAME   |  |  |
| STREET ADDRESS   |                                 |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  |                                 |  | CITY-ST-ZIP  |  |  |
| TITLE  | <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |  |
| NAME   |                                 |  | NAME   |  |  |
| STREET ADDRESS   |                                 |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  |                                 |  | CITY-ST-ZIP  |  |  |
| TITLE  | <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |  |
| NAME   |                                 |  | NAME   |  |  |
| STREET ADDRESS   |                                 |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  |                                 |  | CITY-ST-ZIP  |  |  |
| TITLE  | <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |  |
| NAME   |                                 |  | NAME   |  |  |
| STREET ADDRESS   |                                 |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  |                                 |  | CITY-ST-ZIP  |  |  |
| 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: <u>Christopher Baluch</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |                                 |  |  | Date <u>4/13/06</u> Daytime Phone # <u>561-842-9551</u>  |  |

**REINSTATEMENT 05-06**

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