2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILEU SECRETARY OF STATE VISION OF CORPORATIONS DOCUMENT # L04000078586 06 MAY -1 AM 10: 07 CLINÍC BUILDING II, LLC Principal Place of Business Mailing Address 340 BUNKERS COVE ROAD 340 BUNKERS COVE ROAD PANAMA CITY, FL 32401 PANAMA CITY, FL 32401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302006 REIN-LLC CR2E101 (11/05) City & State City & State Applied For 4 FEI Number Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUNN, NEAL P 340 BUNKERO COVE ROAD 80 DOCTOR'S DRIVE Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY, FL 32401 32405 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed printed name of registered agent and tille if applicable In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$100.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE Delete TITLE ☐ Change ☐ Addition DUNN, NEAL P NAME NAME 345 BUNKERS COVE ROAD & DOCTORS DR STREET ADDRESS STREET ADDRESS 05/25/06--01004--022 **100.00 PANAMA CITY, FL 32407- 32405 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. Thereby 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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

250-785-3552

Daytime Phone #