2006 LIMITED LIAB!LITY COMPANY REINSTATEMENT

DOCUMENT # L04000079273

1. Entity Name



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Ub not 19 AM In: no

STEVEN WISCHMEIER LLC						רוא לויט.	10. 03			
Principal Place of Business 2799 NORDMAN AVE NEW SMYRNA BEACH, FL 32168		Mailing Address 2799 NORDMAN AVE NEW SMYRNA BEACH, FL 32168			 	. 	11 8 3 111 P BB 18 2 8 111		FDI RI INDI	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			10042006	REIN-LLC	CR2E10	1 (11/05)		
City & State		City & State			4. FEI Numb				plied For t Applicable	
Zip	Country	Zip	Zip Country			of Status Desired		5.00 Addi	itional	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New F	legistered A	gent		
				Name						
2799 NOR	EIER, STEVEN DMAN AVE 'RNA BEACH, FL 32168			Street Address (I	P.O. Box Number is Not Acceptable)					
				City			FL	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alguature required when reinstating) DATE										
	.E NOW!!! FEE IS \$50.00 ary 1, 2007, Fee will be \$100.00	In accordance with s liability company did	In accordance with s. 607.193(2)(b), F.S., the liability company did not receive the prior.no.			me limited Make check payable to tice. Florida Department of State				
9.	MANAGING MEMBEI	RS/MANAGERS	10.	Hilly 11	(1)	ADDITIONS	/CHANGES			
TITLE	MGRM	☐ Delete	TITL	T+				☐ Change	☐ Addition	
NAME	WISCHMEIER, STEVEN		NAM	IE .	4	00081	0244	104		
STREET ADDRESS CITY-ST-ZIP	2799 NORDMAN AVE NEW SMYRNA BEACH, FL 3216	68		ET ADDRESS -ST-ZIP	10/1	00081 9/060103	4 013	**50.	00	
TITLE	MGRM	☐ Delete	TITL	Ę				☐ Change	☐ Addition	
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CITY-ST-ZIP			_	-ST-ZIP	41-	A				
TITLE]	☐ Delete	TITL			\vee	<i>8</i> /	☐ Change	Addition	
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STREET ADDRESS CITY-ST-ZIP				-ST-ZIP					ĺ	
11. Thereby	Lertify that the information supplied with	this files does not qualify for		<u>_</u> .	in Chapter 119	Florida Statutes I f	urther certify	that the info	rmation	
indicated limited lia	d on this report is true and accurate and ability company or the receiver or trustee	that my signature shall have	the sam	e legal effect as if n	nade under oat	h: that I am a mana	ging member	or manage	r of the	