2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000088150 FILED ICEBERG-WOOD PROPERTIES, LLC 08 DEC 30 AM 10: 52 SECRETARY OF STATE. TALLAMASSEE, MLORDA Principal Place of Business Mailing Address 605 NE 3RD STREET P.O. BOX 2748 HIGH SPRINGS, FL 32643 US HIGH SPRINGS, FL 32655 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address <u> 3804</u> 1336 BOX NW PO Suite, Apt. #, etc. Suite, Apt. #, etc. 12272008 REIN-LLC CR2E101 (1/07) 4. FEI Number Applied For City & State 03-0555956 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WOOD, JAMES A Street Address (P.O. Box Number is Not Acceptable) 605 NE 3RD STREET HIGH SPRINGS, FL 32643 13804 260 NW Zip Code 32655 Prings 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or boty, in the State of Florida, I am familiar with, and accept the obligations of registe James A Gregory B 108 mu /4 (Descil) SIGNATURE Make check payable to In accordance with s. 607.193(2)(b), F.S., the limited FILE NOWIN FEE IS \$138.75 Florida Department of State After January 1, 2009, Fee will be \$277.50 liability company did not receive the prior notice. ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. MGRM MGR Change TITLE Delete TITLE ☐ Addition ICEBERG, GREGORY 13804 NV 260 St WOOD, JAMES A NAME NAME B STREET ADDRESS 605 NE 3RD STREET STREET ADDRESS CITY-ST-ZIP HIGH SPRINGS, FL 32643 CITY-ST-ZIP High Springs 32643 Change MGRC MGRM Addition TITLE Delete TITLE ICEBERG, GREGORY B WOOD, JAMES NAME NAME STREET ADDRESS 13604 NW 260TH ST STREET ADDRESS HIGH SPRINGS, FL 32643 CITY-ST-7IP CITY ST ZIP 32642 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE 200139356202 12/30/08--01035--009 **13 NAME NAME STREET ADDRESS STREET ADDRESS ****138.75** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE TITLE O NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 118. 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. bregora

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