

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000091559

FILED  
Nov 10, 2009  
Secretary of State

Entity Name: DEINES ENTERPRISES, LLC

**Current Principal Place of Business:**

5100 SE 44TH CIRCLE  
OCALA, FL 34480

**New Principal Place of Business:**

**Current Mailing Address:**

5100 SE 44TH CIRCLE  
OCALA, FL 34480

**New Mailing Address:**

FEI Number: 52-2448519

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DEINES, CLAYTON A  
5100 SE 44TH CIRCLE  
OCALA, FL 34480 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: CLAYTON A. DEINES

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES ( ) Delete  
Name: DEINES, CLAYTON A  
Address: 5100 SE 44TH CIRCLE  
City-St-Zip: OCALA, FL 34480

Title: VP ( ) Delete  
Name: DEINES, CHRISTINE M  
Address: 5100 SE 44TH CIRCLE  
City-St-Zip: OCALA, FL 34480

Title: MGRM ( ) Delete  
Name: DEINES, CLAYTON A  
Address: 5100 SE 44TH CIRCLE  
City-St-Zip: OCALA, FL 34480

Title: MGRM ( ) Delete  
Name: DEINES, CHRISTINE M  
Address: 5100 SE 44TH CIRCLE  
City-St-Zip: OCALA, FL 34480

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTINE M. DEINES

VP

11/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date