2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 14, 2009
Secretary of State

DOCUMENT# L05000009254

Entity Name: HURRICANE WINGS OF STUART, LLC

Current Principal Place of Business:

1729 SE INDIAN ST.
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

1729 SE INDIAN ST.
STUART, FL 34994

New Mailing Address:

FEI Number: 11-3736935 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MATAKAETIS, MICHAEL JR.
1729 SE INDIAN ST.
STUART, FL 34994 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: MICHAEL MATAKAETIS, JR.

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MATAKAETIS, MICHAEL J JR.
Address: 1729 SE INDIAN ST.
City-St-Zip: STUART, FL 34994

Title: M ( ) Delete
Name: MATAKAETIS, MICHAEL SR.
Address: 4900 NE SPINNAKER POINTE PL.
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: MATAKAETIS, MICHAEL SR.
Address: 4900 NE SPINNAKER POINTE PL.
City-St-Zip: STUART, FL 34996

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: MICHAEL MATAKAETIS, JR. MGR 10/14/2009

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