2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000011797

Entity Name: NORTH FLORIDA PALMS & PLANTS LLC

FILED Mar 01, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2405 DOBBS RD, SUITE C ST. AUGUSTINE, FL 32086

Current Mailing Address: New Mailing Address:

2405 DOBBS RD, SUITE C 2405 DOBBS RD,

ST. AUGUSTINE, FL 32086 SUITE C ST. AUGUSTINE, FL 32086

FEI Number: 32-0143794 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SELLERS, G. DAVID GRAY, JAMES A 110 OCEAN HIBISCUS DR. GRAY, JAMES A 2405 DOBBS RD

ST. AUGUSTINE, FL 32080 US SUITE C ST. AUGUSTINE, FL 32086 US

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: JAMES A. GRAY 03/01/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGR (X) Change () Addition

 Name:
 SELLERS, G. DAVID
 Name:
 GRAY, JAMES A

 Address:
 110 OCEAN HIBISCUS DR.
 Address:
 3312 11 TH STREET

 City-St-Zip:
 ST. AUGUSTINE, FL 32080
 City-St-Zip:
 ELKTON, FL 32033

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 GRAY, JIMMY
 Name:

 Address:
 3312 10TH ST.
 Address:

 City-St-Zip:
 ELKTO, FL 32033
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES A. GRAY MGR 03/01/2007