2007 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE: 1 100 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Feb 16, 2007 8:00 A.M. Secretary of State DOCUMENT # L05000013967 F.M.B. II, LLC Principal Place of Business Mailing Address 1524 S.W. EGRET WAY 1524 S.W. EGRET WAY PALM CITY, FL 34990 PALM CITY, FL 34990 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072007 REIN-LLC CR2E101 (1/07) City & State City & State 4. FEI Number 20-2904868 Applied For Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUNGEY, RICHARD J. Street Address (P.O. Box Number is Not Acceptable) DUNGEY, RICHARD J FOX, WACKEEN, DUNGEY, BEARD, SOBEL & MCCLU 1100 SOUTH FEDERAL HIGHWAY 3473 SE Willoughby Boulevard **STUART, FL 34994** Zip Code 34994 City FL <u>Stuart</u> 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 agen 02/07/07 SIGNATURE DATÉ (NOTE: Registered Agent algusture required when reinstating In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$100.00 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME BADARACCO, FRED STREET ADDRESS STREET ADDRESS 1524 SW Egret Way CITY-ST-ZIP CITY-ST-ZIP Palm City, FL 34990 TIME Change ☐ Delete TITLE NAME NAME 80008888 708 STREET ADDRESS STREET ADDRESS 02/21/07--01019--003 **200.00 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ■ Addition NAME NAME THININITATE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 119, 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.

FILED

Daytime Phone #