


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

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| DOCUMENT # L05000021496 | |  |
| 1. Entity Name MARVIN DAVID RUSSELL, LLC | | |

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| Principal Place of Business 3621 E CLARK CIRCLE TAMPA, FL 33629 | Mailing Address 3621 E CLARK CIRCLE TAMPA, FL 33629 |
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| 2. Principal Place of Business - No P.O. Box 94 Burnham Rd Suite, Apt. #, etc. | 3. Mailing Address P.O. Box 605 Suite, Apt. #, etc. |
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| City & State Freeport FL | City & State Freeport FL |
| Zip 32439 | Zip 32439 |
| Country U.S.A. | Country U.S.A. |

02222007 REIN-LLC CR2E101 (1/07)

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| 4. FEI Number 20-2453064 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent RUSSELL, MARVIN DAVID 3621 E CLARK CIRCLE TAMPA, FL 33629 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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| 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 agent. SIGNATURE <u>Marvin Russell MGRM</u> <u>Marvin Russell</u> 2-22-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE | |
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| FILE NOW!!! FEE IS \$100.00 | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM RUSSELL, MARVIN DAVID 3621 E CLARK CIRCLE TAMPA, FL 33629 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 11. I hereby certify that the information supplied with this filing 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. | |
| SIGNATURE: <u>Marvin Russell MGRM</u> <u>Marvin Russell</u> 2-22-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | Date 856-499-7406 Daytime Phone # |

FILED
07 FEB 26 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

