2006 LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT							CERCE FIL	EU		
DOCU	MENT	#L05000021		DIV	SECRETARY VISION OF CO	OF STAT	E			
1. Entity Nam UNDA-W					06 NOV 27	AM 10: 5	ions I			
Dringing Plan	an of Business		Mailing Address		00 WI 19	_		- •	•	
Principal Place of Business 919 EDGEWOOD AVENUE JACKSONVILLE, FL 32205 Mailing Address 919 EDGEWOOD AVENUE JACKSONVILLE, FL 32205						2		101) 85 11 5 11 5 8. (48.11		1881 IIA 1881
2. Principal P	Place of Busin	ness	3. Mailing Address			-(<u>28</u>)				
<u> </u>						_ - -	R HRIMI HIVII DAMI BANT BI	1731 20110 11 001 11 0 1	A INKII ABITI GII	EE (EE
Suite, Apt. #, etc.			Suite, Apt. #, etc.			11192006	REIN-LLC	CR2E10	1 (11/05)	
City & State			City & State			4. FEI Numb	240699	11	_	plied For at Applicable
Zip		Country Zip		Cour	Country 5. Cer		e of Status Desired		5.00 Add ee Required	
	6. Name	and Address of Current	7. Name and Address of New Registered Agent							
THOMAS, ALLEN J 919 EDGEWOOD AVENUE					Name Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE, FL 32205										
					City	City FL Zip Code				
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 Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
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FILE NOW!!: FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00							ľ	ke check pa la Departme	-	e
9.		MANAGING MEMBE	RS/MANAGERS	10.				/CHANGES		
TITLE NAME	MGRM	ALLENI	☐ Delete	TITU Nam	·	41	000821	4199	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	S 919 EDGEWOOD AVENUE STR				ET ADDRESS - ST-ZIP	11/29	/0601 0 49	009	*150.0	00
TITLE			☐ Delete	TITL	<u> </u>				Change	Addition
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CITY-ST-ZIP	 		<u> </u>		-ST-ZIP		<u> </u>			- Annie
title Name			∟ Delete	TITU:	1 (2)	IEIVYKRTI	מאלות		☐ Change	☐ Addition
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ште			☐ Delete	TITL	- 1	-	 -		Change	Addition
NAME Street address				NAM	ET ADDRESS					
CITY-ST-ZIP	<u> </u>			•	-ST-ZIP					
title Name			☐ Delete	TITL					☐ Change	☐ Addition
STREET ADDRESS				STR	ET ADORESS					
CITY-ST-ZIP TITLE	 		Delete	CITY	-ST-ZIP				☐ Change	Addition
NAME			_ Detac	NAM	E					
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST-ZIP					
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.										
indicated	on this repo	rt is true and accurate and	that my signature shall have t	the same	e legal effect as i	f made under oat	h; that I am a mana	further certify t iging member	hat the info or manage	rmation or of the
indicated	d on this repo ability compa	rt is true and accurate and	that my signature shall have t	the same	e legal effect as i	f made under oat	h; that I am a mana	iging member	or manage	er of the