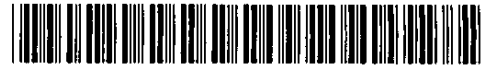


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 FEB 28 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02152007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L05000027268	
1. Entity Name BERTIE RENTALS, LLC	



Principal Place of Business 7902 NW FOURTH COURT GAINESVILLE, FL 32608	Mailing Address 7902 NW FOURTH COURT GAINESVILLE, FL 32608
------------------------------------------------------------------------------	------------------------------------------------------------------

2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1730 NE 23rd Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Gainesville, FL	
Zip	Country	Zip	Country
		32609	USA

4. FET Number 74-3205719	Applied For Not Applicable
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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 BERTIE, JAMES FRANKLIN 7902 NW FOURTH COURT GAINESVILLE, FL 32608		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 DATE 2/21/07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERTIE, JAMES FRANKLIN 7902 NW FOURTH COURT GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE 2/21/07 (352) 331-2005

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