## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT					FILED			
DOCUMENT # L05000027268  1. Entity Name					r I L C	U		
BERTIE RENTALS, LLC					007 FEB 28 1			
Principal Place of Business Mailing Address					SECRETARY O LLAHASSEE	F STATE		
7902 NW FOURTH COURT Gainesville, FL 32608		7902 NW FOURTH COURT Gainesville, FL 32608		14	LLAIIMJULL	, LOMBA	•	
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Principal Place of Business - No P.O. Box #     Suite, Apt. #, etc.		3. Mailing Address 1730 NE 231d Ave Suite, Apt. #, etc.		ve IIIII			<b>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </b>	
				02152007	REIN-LLC	CR2E101	(1/07)	
City & State		Gainesville, FL		4.) FEI Numb	9- 4-32057	7-19	Applied For Not Applicable	
Zip	Country	zip 32609	Country USF	5. Certificate	e of Status Desired	□ \$5.0	00 Additional Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
BERTIE, JAMES FRANKLIN				Street Address (P.O. Box Number is Not Acceptable)				
7902 NW FOURTH COURT GAINESVILLE, FL 32608			Silect Ai	Silect Address (F.O. Box Number is Not Addeptable)				
			City	City 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.								
2/21/07								
Signature, typed or printed ramo of registrifed adjort and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$200.00  Make check payable to Florida Department of State								
9.	MANAGING MEMBE		10.		ADDITIONS/	CHANGES		
TITLE NAME	MGRM BERTIE, JAMES FRANKLIN	Delete	TITLE NAME				Change	
STREET ADDRESS CITY-ST-ZIP	7902 NW FOURTH COURT GAINESVILLE, FL 32608		STREET ADORESS				ľ	
TITLE		☐ Delete	TITLE	<del></del>			Change Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	<u> </u>	000900		13	
CITY-ST-ZIP_			CITY-ST-2IP	93,/0;	2/0701046	007 **	200.00	
NAME -		☐ Delete	TITLE NAME				Change	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip					
TITLE		☐ Delete	TITLE				Change Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP				·	
NAME		☐ Delete	NAME	ENERGY RET	ATTEM 12	•	Change	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	们可的物训	インドログランジャディ	1. U	م کی پیداد	
TITLE		☐ Delete	TITLE	11 III 11 III			Change Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for the	CITY-ST-ZIP	ntained in Chapter 110	Florida Statutes 16:	rther cortifu the	the information	
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: (352)								
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Date								