## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE:

DOCUMENT # L0500030759  1. Early Marke A & FINVESTMENT GROUP, LLC  20		• نيم	KEINSTA	ICMENI				ers gra		
### ACTON, TY ##	1. Entity Name						"			
2. Pinicipal Place of Business - No P.O. Box   3. Maining Address    Sute, Apt. #, etc.   99242007 REIN-LLC CR2E101 (1/07)  Cry & State   Cry & State   4.75 Number   33-1115002   Properties    Top   Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   55.00 Additional Present Agent    ACTON, TY   ACTION, TY   State   See Address of Current Registered Agent   7. Name and Address of New Registered Agent    ACTON, TY   State   See Address of Current Registered Agent   7. Name and Address of New Registered Agent    ACTON, TY   See Address of Current Registered Agent   7. Name and Address of New Registered Agent    ACTON, TY   See Address of Current Registered Agent   7. Name and Address of New Registered Agent    ACTON, TY   See Address of Current Registered Agent   7. Name and Address of New Registered Agent    ACTON, TY   See Address of Current Registered Agent   7. Name and Address of New Registered Agent    ACTON, TY   See Address of Current Registered Agent   7. Name and Address of New Registered Agent    ACTON, TY   See Address of Current Registered Agent   7. Name and Address of New Registered Agent    ACTON, TY   See Address of Current Registered Agent   7. Name and Address of New Registered Agent    ACTON, TY   See Address of Current Registered Agent   7. Name and Address of New Registered Agent    ACTON, TY   See Address of Current Registered Agent   7. Name and Address of New Registered Agent   7. Name and Address of New Registered Agent    ACTON, TY   See Address of Current Registered Agent   7. Name and Address of New Registered Agent   7. Name and Address of Name and Addr			NT GROUP, LLC				2007 HOV 27	PH 12: 13	}	
2. Principal Place of Business - No P.O. Box v	4111 CAUSEWAY VISTA DR.			4111 CAUSEWAY VISTA DR.			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Suite, Apt. #. etc.   Suite, Apt. #, etc.   Og942907 ReIN-LLC CR2E101 (1/107)  City & Suite						( )00((0))	e Antar Aleis Antil Antil An	 	I)	
City & State	2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Superior	Suite, Apt. #, etc.			Suite, Apt. #, etc.		09242007	REIN-LLC	CR2E101	(1/07)	
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  ACTON, TY 4111 CAUSEWAY VISTA DR.  TAMPA, FL 33615  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOWIT FEE IS \$50.00  After January 1, 2008, Fee will be \$100.00  In accordance with s. \$67,193(2)(b), F.S., the limited liability company did not receive the prior notice.  MANAGING MEVERBIS/MANAGERS  OIT ST. 2P  TAMPA, FL 33615  INE  MANAGING MEVERBIS/MANAGERS  OIT ST. 2P  TAMPA, FL 33615  INE  Oblete  INE  INE  ORDER  SIREL NOWES  OIT ST. 2P  TAMPA, FL 33615  INE  Oblete  INE  INE  ORDER  SIREL NOWES  S	City & State			City & State						
ACTON, TY 4111 CAUSEWAY VISTA DR. TAMPA, FL 33615  City FL Zio Code  City FL Zio Cod	Zip		Country	Zip Country		5. Certificate	5 Certificate of Status Desired 55.00 Additional			
ACTON, TY  MANA, FL 33615  TREE ADDRESS  OTH-SI-2P  TAMPA, FL 33615  Series Address (P.O. Box Number is Not Accessable)  City  FL Zio Code  City		6. Name	and Address of Current F	 Registered Agent		7. Name and	Address of New I			
### Address (P.O. Box Number's Not Accessable)    City   FL   Zip Code	ACTON T	-V			Name					
8. The above named entity submits this statement for the purpose of changing its registered allice or registered agent, or both, in the State of Fords. Tam familiar with, and accept the obligations of registered agent.    Signature   Fill	4111 CAUSEWAY VISTA DR.				Street Ad	ddress (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered allice or registered agent, or both, in the State of Fords. Tam familiar with, and accept the obligations of registered agent.    Signature   Fill								<del> </del>		
SIGNATURE    Signature   Signa									•	
THE NOW!!! FEE IS \$50.00 After Jan 1902   In accordance with s. 607.193(2)(b). F.S., the limited flooring in the limited floor				the purpose of changing its	registered office or	registered agent, or bo	th, in the State of Fl	orida. I am famili	ar with, ar	nd accept
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  ITILE MGRM ACTON, TY NAME ACTON, TY ATTINICATION SITER ADDRESS CITY-S1-ZIP TITLE NAME SIREET ADDRESS CITY-S1-ZIP Delete TITLE NAME SIREET ADDRESS CITY-S1-ZIP Delete TITLE NAME SIREET ADDRESS CITY-S1-ZIP TITLE Delete TITLE NAME SIREET ADDRESS CITY-S1-ZIP TITLE Delete TITLE NAME SIREET ADDRESS CITY-S1-ZIP TITLE Delete TITLE NAME SIREET ADDRESS CITY-S1-ZIP TITLE Delete TITLE NAME SIREET ADDRESS CITY-S1-ZIP TITLE NAME SIREET ADDRESS CITY-S1-ZIP TITLE Delete TITLE NAME SIREET ADDRESS CITY-S1-ZIP TITLE NAME S	SIGNATURE.	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signat	ture required when reinstating	<u> </u>	DATE		
ITILE NAME STREET ADDRESS CITY-ST-2P  TITLE STREET A										
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-Z						S., the limited		, -		
NAME STREET ADDRESS CITY-ST-ZP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZP	After Janua		, Fee will be \$100.00	liability company did	d not receive the p	S., the limited	Mal Florid	a Department o		
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C	9. IIILE NAME STREET ADDRESS	MGRM ACTON, 1	MANAGING MEMBER  TY  ISEWAY VISTA DR.	liability company did	10. TITLE NAME STREET ADDRESS	F.S., the limited rior notice.	Mai Florid ADDITIONS	/CHANGES	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRES	9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM ACTON, 1	MANAGING MEMBER  TY  ISEWAY VISTA DR.	liability company did	10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	F.S., the limited rior notice.	Mai Florid ADDITIONS	JOHANGES  5.10 25	Change	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-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	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MGRM ACTON, 1	MANAGING MEMBER  TY  ISEWAY VISTA DR.	liability company did	I not receive the p  10.  TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	F.S., the limited rior notice.	Mai Florid ADDITIONS	JOHANGES  STORY  CHANGES  STORY  STORY  STORY  CHANGES	Change	Addition
NAME STREET ADDRESS CITY-S1-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	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM ACTON, 1	MANAGING MEMBER  TY  ISEWAY VISTA DR.	liability company did	I not receive the p  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	F.S., the limited rior notice.	Mai Florid ADDITIONS	JOHANGES  OUZ  OUZ  OUZ	Change Change Change	Addition  Addition
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	9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM ACTON, 1	MANAGING MEMBER  TY  ISEWAY VISTA DR.	liability company did  RS / MANAGERS  Delete  Delete  Delete	10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	F.S., the limited rior notice.	Mai Florid ADDITIONS	JOHANGES  S 1 0 2 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Change Change Change	Addition  Addition  Addition
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM ACTON, 1	MANAGING MEMBER  TY  ISEWAY VISTA DR.	liability company did  RS / MANAGERS  Delete  Delete  Delete  Delete	10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	F.S., the limited rior notice.	Mai Florid ADDITIONS	JOHANGES  S 1 0 2 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Change Change Change	Addition  Addition  Addition