

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 NOV 14 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10022008 REIN-LLC CR2E101 (1/07)

DOCUMENT # L05000033934					
1. Entity Name ENTERPRISE II OF FLORIDA, LLC					
Principal Place of Business 3243 BROOKVIEW PLACE ELKINS PARK, PA 19027			Mailing Address 3243 BROOKVIEW PLACE ELKINS PARK, PA 19027		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3593770	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent POWELL, JAMES N ONE PROGRESS PLAZA SUITE 1210 ST. PETERSBURG, FL 33701			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROBERTSON, MICHAEL 3243 BROOKVIEW PLACE ELKINS PARK, PA 19027		TITLE NAME STREET ADDRESS CITY - ST - ZIP	500137622785 11/04/08--01038--001 **238.75	
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	
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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: <i>Michael Robertson</i> Michael Robertson <i>10/3/08</i> 2153785567					