2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 09, 2008
Secretary of State

DOCUMENT# L05000043145

Entity Name: PRODIGY CUSTOMS LLC

Current Principal Place of Business:

527 LITTLE WEKIVA RD
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

527 LITTLE WEKIVA RD
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 65-1304273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SERAFINE, FRANK J
527 LITTLE WEKIVA RD
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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.

SIGNATURE: FRANK SERAFINE

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: VP ( ) Delete
Name: SERAFINE, MICHAEL D
Address: 527 LITTLE WEKIVA RD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP ( ) Delete
Name: SERAFINE, LISA J
Address: 527 LITTLE WEKIVA RD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PRES ( ) Delete
Name: FRANK, SERAFINE J
Address: 527 LITTLE WEKIVA RD
City-St-Zip: ALTMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FRANK SERAFINE PRES 12/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date