

Amended A/R

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM  
 FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 NOV 27 AM 10:49

LIMITED LIABILITY COMPANY  
 FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # **LO5000046347**

1. Limited Liability Company's Name  
**Validivian LLC**

2. Principal Office Address  
**19816 Highway 331 S.**  
 Suite, Apt. #, etc.

3. Mailing Office Address  
**19816 Highway 331 S.**  
 Suite, Apt. #, etc.

City & State  
**Freeport, FL**

City & State  
**Freeport, FL**

Zip Country  
**32439 US**

Zip Country  
**32439 US**

4. State/Country of Formation  
**FL**

5. Date Organized or Qualified To Do Business in Florida  
**5/10/05**

6. FEI Number  
**204448406**

Applied For  
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
**Michael Jenkins**

Street Address (P.O. Box Number is Not Acceptable)  
**19816 Highway 331 S.**

Suite, Apt. #, Etc.

City  
**Freeport**

State  
**FL**

Zip Code  
**32439**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent \_\_\_\_\_ Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip          |
|--------|-----------------------------------|--|-----------------------------|
| MGRM   | Aldrich Investments, Inc.         | 4636 Gulfstarr Dr.                             | Destin, FL 32541            |
| MGRM   | MLSSR, Inc.                       | 19816 Highway 331 S.                           | Freeport, FL 32439          |
| MGRM   | Lexterra LLC                      | 909 Mar Wall Dr, Ste. 1014                     | Fort Walton Beach, FL 32547 |
| MGRM   | Petermann Investments LLC         | 909 Mar Wall Dr, Ste. 1014                     | Fort Walton Beach, FL 32547 |

300092108893  
 11/28/06--01065--002 \*\*50.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager \_\_\_\_\_ Date **11/21/06** Daytime Phone # **850 835 7011**

Typed or printed name of signing Managing Member/Manager **Michael L. Jenkins**