## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE:

## FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # L05000049427** GOOD EARTH REALTY, LLC 07 JAN 30 AM 9: 11 Principal Place of Business Mailing Address 2600 MARTIN LUTHER KING, JR. STREET 2600 MARTIN LUTHER KING, JR. STREET ST PETERSBURG, FL 33704 ST PETERSBURG, FL 33704 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 145 HEATHER LANE Suite, Apt. #, etc. Suite, Apt. #, etc. 01262007 **REIN-LLC** CR2E101 (1/07) 4. FEI Number 2 0 3 11 0 9 0 9 City & State City & State Applied For MILL NECK Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 11965 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KVDO HARRISON, G. JOSEPH Street Address (P.O. Box Number is Not Acceptable) 1206 MANATEE AVENUE WEST 31 ST N.W. BRADENTON, FL 34205 Zip Code RRADENTON 34205 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, typeo d (NOTE: Registered Agent signature requi of registered agent and little if applicable In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to FILE NOW!!! FEE IS \$100.00 liability company did not receive the prior notice. Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. **Addition** TITLE ☐ Delete TITLE VINCENT CRISCI (MA.) ☐ Change NAME NAME 145 HEATHER LAME STREET ADDRESS STREET ADDRESS MILL NECK, NY 11765 CITY-ST-ZIP CITY-ST-ZIP 800087210548<sup>change</sup> 02/05/07--01004--008 \*\*100.00 ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE REMSTATEMENT 06-07 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP 11. I hereby certify that the information supplied with this filling 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.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

212. 202. 1666

Daytime Phone #