2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000050252

1. Entity Name
TALQUIN VENTURES, LLC

FILED
06 SEP 19 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
206 PAINTED PONY ROAD PORT ST. JOE, FL 32456	329 NORTH BROAD STREET THOMASVILLE, GA 31729

09192006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business	3. Mailing Address
	P.O. Box 2157
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: THOMASVILLE, GA
Zip / Country	Zip: 31799 Country: USA

4. FEI Number — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PARVEY, RICHARD E 206 PAINTED PONY ROAD PORT ST. JOE, FL 32456	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: [signature] (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE: 9-19-06

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PARVEY, RICHARD E 206 PAINTED PONY ROAD PORT ST JOE, FL 32456 ☐ Delete	☐ Change ☐ Addition 400080003524 09/20/06--01054--014 **155.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition **REINSTATEMENT** 06 GM
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition CWO

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: [signature] (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) Date: 9/19/06 Daytime Phone #: 229-227-6250