

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000050338					
1. Entity Name RON FAIRCLOTH, L.L.C.					
Principal Place of Business 2534 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL 32308			Mailing Address 1655 OSPREY POINTE DR TALLAHASSEE, FL 32308		
2. Principal Place of Business - No P.O. Box # 3836 Killearn Ctr. Court		3. Mailing Address Suite, Apt. #, etc.			
City & State Tallahassee, Florida		City & State		4. FEI Number NOT APPLICABLE	
Zip 32308		Country Leon		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FAIRCLOTH, RONALD FRANK JR 2534 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent Name: FAIRCLOTH RONALD FRANK JR. Street Address (P.O. Box Number is Not Acceptable): 3836 Killearn Center Court City: Tallahassee FL Zip Code: 32308		
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: Ron Faircloth, L.L.C. Ron Faircloth DATE: 12/1/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MR. FAIRCLOTH, RON F 2534 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARGA FAIRCLOTH Ron F 3836 Killearn Center Court Tallahassee, FL. 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300138404313 12/03/08--01016--002 **238.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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<h2 style="margin: 0;">REINSTATEMENT</h2>					
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: Ron Faircloth, L.L.C. Ronald F. Faircloth Jr. DATE: 12/1/08 850-942-2795 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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