## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

| DOCUMENT # L05000058228   |  |                                       |  |  | I I bezo dom Red                      |                                   |
|---|--|---------------------------------------|--|--|---------------------------------------|-----------------------------------|
| CO3, LLC  |  |                                       |  | <u> </u>                                   | 7 OCT -9 AM 10:                       |                                   |
| Principal Plac  | e of Business  | Mailing Address                       |  | St.  | LAHASSEE, FLI                         | laic<br>Drina                     |
| PO BOX 180958 PO BOX 180958 TALLAHASSEE, FL 32318 TALLAHASSEE, FL 32318   |  |                                       |  | '71  | EMINOULLITE                           |                                   |
| INLENIASSEE, TE 32310   |  |                                       |  |  | III BBIDI BIIN BTXN GENE BBIN GTXDI B | HAD HAND HITTA WATE FRIANCIAN FRA |
| 2 Principal Place of Business - No P.O. Box # 3. Mailing Address 7 OOH Setting SUN 7 OOH Setting SUN  |  |                                       |  |  |                                       |                                   |
| Suite, Apt.   | <del> </del>   | <del>9.30.1</del>                     | 10092007   | REIN-LLC CI                                | R2E101 (1/07)                         |                                   |
| City & Stat   | hasse Fl.  | <del></del>                           | 4. FEI Numl                                      | per<br>PPLICABLE                           | Applied For                           |                                   |
|   |  |                                       | ountry   | 1  | e of Status Desired                   | Not Applicable \$5.00 Additional  |
| 5650  | 6. Name and Address of Current R   | tegistered Agent                      |  | 7. Name an                                 | d Address of New Registe              | Fee Required red Agent            |
|   | ON, SUSAN S  |                                       | Name   | /D.O. D N                                  |                                       |                                   |
| 3520 THOMASVILLE ROAD, 4TH FLOOR TALLAHASSEE, FL 32309  |  |                                       |  | ddress (P.O. Box Number is Not Acceptable) |                                       |                                   |
| City  |  |                                       |  |  |                                       | <b>Z</b> ip 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                                    |  |                                       |  |  |                                       |                                   |
| ·   | ions of registered agent.  |                                       |  |  |                                       |                                   |
| SIGNATURE   | Signature, typed or printed name of registered agent ar  | nd title if applicable. (NOTE: Regi   | stered Agent signature requ                      | ilred when reinstating                     | DA                                    | ATE                               |
| FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00  In accordance with s. 607.193(2)(b), F.S., the liability company did not receive the prior no   |  |                                       |  |  |                                       | ck payable to<br>intment of State |
| 9.<br>TITLE   | MANAGING MEMBER  |                                       | 10.  | avm k                                      | ADDITIONS/CHAN                        | Y                                 |
| NAME<br>STREET ADDRESS  | HOLLIFIELD, RIC<br>PO BOX 180958   | 1                                     | NAME ZC  | dy se                                      | tling sun fra<br>eertl. 3230          | Cill & Change   Control           |
| CITY-ST-ZIP   | TALLAHASSEE, FL 32318  |                                       | CITY-ST-ZIP                                      | lanas                                      | ecitiv Jea                            | 23.                               |
| TITLE<br>NAME   | MGRM<br>HUTCHESON, DAVID W   |                                       | TITLE<br>NAME                                    |  |                                       | ☐ Change ☐ Addition               |
| STREET ADDRESS<br>CITY-\$1-ZiP  | 321 SPRUCE CREEK DRIVE<br>TALLAHASSEE, FL 32312  |                                       | STREET ADDRESS<br>CITY-ST-ZIP                    | 10/  | 10011088                              | 9777<br>110 **50 00               |
| TITLE<br>NAME   | MGRM<br>GEORGE, ROBERT D   |                                       | TITLE  |  | · · · · · · · · · · · · · · · · · · · | Change Addition                   |
| STREET ADDRESS  | 2004 SETTING SUN TRAIL   | \$                                    | NAME<br>Street adoress                           |  |                                       |                                   |
| CITY-ST-ZIP<br>TITLE  | TALLAHASSEE, FL 32303  |                                       | TITLE  | Miro                                       | Lysa - asyl                           | Change Addition                   |
| NAME<br>STREET ADDRESS  |  |                                       | NAME<br>STREET ADDRESS                           | STAT                                       | EMERIF                                | PAS 1                             |
| CITY-ST-ZIP   |  |                                       | CITY-ST-ZIP                                      |  |                                       | Change Caddition                  |
| NAME  |  |                                       | NAME   |  |                                       | Compage Addition                  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |                                       | STREET ADDRESS<br>CITY-ST-ZIP                    |  |                                       |                                   |
| TITLE<br>SAME   |  |                                       | TITLE<br>NAME                                    |  |                                       | ☐ Change ☐ Addition               |
| ŞTREEF ADDRESS<br>ÇITY-ST-ZIP   |  |                                       | STREET ADDRESS<br>CITY-ST-ZIP                    |  |                                       |                                   |
| 11. I hereby of indicated   | L<br>certify that the information supplied with t<br>on this report is true and accurate and the | his filing does not qualify for the e | exemptions contained<br>ame legal effect as if i | in Chapter 119                             | , Florida Statutes, Hurther c         | ertify 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 true |  |                                       |  |  |                                       |                                   |
| SIGNATURE: 10901 SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE SAID DAYLING PHONE &   |  |                                       |  |  |                                       |                                   |
|   | SIGNATURE AND TYPED OR PRINTED NAME OF   | SIGNING MANAGING MEMBER, MANAGER      | , UK AUTHORIZED REPRES                           | ENTATIVE                                   | Date                                  | Daytime Phone #                   |