2007 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE SUSAILA ARGUELLES SUSAILA ARGUELLES PILE NOWIII FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00 After January 2, 2008, Fee will be \$200.00 After January 3, 2008, Fee will be \$200.00 After January 3, 2008, Fee will be \$200.00 After January 4, 2008, Fee will be \$200.00 After January 5, 2008, Fee will be \$200.00 After January 5, 2008, Fee will be \$200.00 After January 1, 2008, Fee will b	DOCUMENT # L05000062785 1. Entity Name ARGRAHAM, LLC							SECRETARY OF STATE DIVISION OF CORPORATIONS 07 NOV -6 PM 3: 43				
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Cry 4, State Cry 5, Country Zp Country The Country Zp Zp Country Zp Zp Country Zp Zp Zp Zp Zp Zp Zp Zp	108 ROCKY	BAYOU ROA		1108 ROCKY BAYOU ROAD								
Copy & State Copy	2 Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address								
ZO-3067133 Non Aegistacible St. Ourling St. Ourlin	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			10282007	REIN-LLC	CR2E1	01 (1/07)		
S. Certification of States. Desired For Required For Required For Required For Required For Required For Required For Name and Address of New Registered Agent WATSON TODD ATTY 7785 BAYMEADOWS WAY, SUITE 107 SUSAIA A. Arguelles Stroot Address (Pr.O. Box Namber is Not Acceptable) 1108 Rocky Bayou Road The Acceptable The collegations of registered agent The State of Footia, in the Information in the State of Footia, in the Information in the State of Footia, in the Information in the Information in the State of Footia, in the Information in I	City & State			City & State								
WATSON, TODD ATTY 7785 BAYMEADOWS WAY, SUITE 107 JACKSONVILLE, FL 32256 8. The above named entity submits this platement for the purpose of changing its registered office or registered agent, or both, in the State of Fibrida. I surfamiliar willt, and accept the obligations of registered agent. SIGNATURE SUBBANA A TQUELLES 1108 Rocky Bayou Road City Niceville FL 2p Code 32.5.78 3.75.78 SIGNATURE SUBBANA A TQUELLES 100.77 FILE NOWILI FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00 Make check payable to Florida Department of State FILE NOWILI FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00 9. MANAGING MEMBERS/MANAGERS 101. SI JP 101. MGR ARGUELLES, PAUL M MARE ARGUELLES, PAUL M NAME ARGUELLES, PAUL M NAME ARGUELLES, PAUL M NAME SIRET ADDRESS OTY-ST JP 111. Or ST JP 112. Or JP 113. Or JP 114. Or JP 115. Or JP 115. Or JP 116. Or JP 116. Or JP 117. Or JP 117. Or JP 118. Or JP 119. Or JP 119. Or JP 110. O	Zip	Country				ntry	<u>l</u>			, LJ È	ee Required	
Susan A Arguelles T788 BAYMEADOWS WAY, SUITE 107 JACKSONVILLE, FL 32256 8. The above named entity submits this statement for the purpose of changing its registered office or registred agent, or both, in the State of Florida. The maintain with, and accept the obligations of registered agent. SIGNATURE SUSAN A Arguelles T0 / 30 / 97 SIGNATURE SUSAN A Arguelles T0 / 30 / 97 SIGNATURE SUSAN A Arguelles T0 / 30 / 97 FILE NORTH PE IS \$150.00 After January 1, 2008, Fee with be \$200.00 POTE Replaced Agent agents required agent, or both, in the State of Florida. The accept with an attention of the purpose of changing its registered office or registred agent, or both, in the State of Florida. The accept the obligations of registered agent, or both, in the State of Florida. The accept with a state of Florida. T		6. Name	and Address of Current R					7. Name and Address of New Registered Agent				
### TITLE NOWILLE FL 37578 ##	7785 BAY	MEADOW	S WAY, SUITE 107	Su							· · · · • •	
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 lamiliar with, and accept the obligations of registered agent. SIGNATURE SIGNATUR	JACKSON	VILLE, FL	. 32256	11			110	8 Rocky Bayou Road				
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 lamillar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SUSAN A Arguelles 10/30/07 ART JANUARY 1, 2008, Fee will be \$200.00 After January 1, 2008, Fee will be \$200.00 After January 1, 2008, Fee will be \$200.00 After January 1, 2008, Fee will be \$200.00 ART JANUARY 1, 2008, Fee will be \$200.00 ART JANUARY 1, 2008, Fee will be \$200.00 Make Check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ITIL MMGR ARGUELLES, PAUL M ITIL INDER POCKY BAYOU ROAD ITIL INDER POCKY BAYOUR				City Nic			Nic	eville		FL		
SIGNATURE SUBJECT Change Delete THE DELete Delete THE DELete Delete THE DELete Delete THE	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											
### Planuary 1, 2008, Fee will be \$200.00 Florida Department of State	$C = A \cdot A$											
ITILE MARY ARGUELLES, PAUL M ARGUELLES, PAUL M STRET ADDRESS SURET ADDRESS CITY-ST-ZP THE CHange STRET ADDRESS CITY-ST-ZP Addition MARE STRET ADDRESS CITY-ST-ZP STREET ADDRESS CITY-ST-ZP STRET ADDRESS CITY-ST-ZP STREET ADDRESS								1		•		
ARGUELLES, PAUL M SINET ADDRESS OITY-ST-2P ITTLE MAME SIRET ADDRESS OITY-ST-2P ITTLE MAME SINCE ADDRESS OITY-ST-2P ITTLE MAME SIRET ADDRESS OITY-ST-2P ITTL	9.		MANAGING MEMBER	RS/MANAGERS	10.				ADDITION	S/CHANGES		
STREET ADDRESS CITY-ST-ZIP 108 ROCKY BAYOU ROAD					1 11			GR			Change	XX Addition
TITLE Delete ITTLE NAME	STREET ADDRESS CITY-ST-ZIP	1108 RO	CKY BAYOU ROAD		EET ADDRESS	1	1108 POCKY RAYOU POAD					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME ST	TITLE			☐ Delete	E						Addition	
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIT	NAME	•				- i		7i 1170		,58 <u>6</u> 0	07	00
NAME STREET ADDRESS CITY-ST-ZIP Delete	CITY-ST-ZIP			CI					1/01010-	+0010	赤年j5U。 	UU
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDR	TITLE					- 1					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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. (850)803-5913												
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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. (850)803-5913	CITY-ST-ZIP					 +						
TITLE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP 1. 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. (850) 803–5913	TITLE Name			L_I Delete		i					☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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. (850) 803–5913	STREET ADDRESS CITY-ST-ZIP				1		R	EIN	STAI	EME	NI	_
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP 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. (850) 803–5913	TITLE			☐ Delete					/\l	DO' [Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 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. (850) 803–5913										1	٦	ľ
NAME STREET ADDRESS CITY-ST-ZIP 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. (850) 803–5913	CITY-ST-ZIP				СПҮ	-ST-ZIP				1201	·/	
STREET ADDRESS CITY-ST-ZIP 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. (850) 603–5913				☐ Delete							Change Change	☐ Addition
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. (850) 803–5913					1							
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. (850) 803–5913	CITY~ST-ZIP								····			
SIGNATURE: Susan A. Arguelles (850) 678-8780	indicated	on this repo	ort is true and accurate and t	hat my signature shall have:	the same	e legal effec	t as if n	nade under oat	h; that I am a ma Statutes.	naging member	or manage	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylime Phone #												