

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 MAR -9 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03052007 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-3181404 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKAY, JOHN M
1001 3RD AVENUE WEST, SUITE 600
BRADENTON, FL 34205

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME BAND, DAVID S
STREET ADDRESS 1001 3RD AVENUE WEST, SUITE 600
CITY-ST-ZIP BRADENTON, FL 34205

TITLE MGR ☐ Delete
NAME MCKAY, JOHN M
STREET ADDRESS 1001 3RD AVENUE WEST, SUITE 600
CITY-ST-ZIP BRADENTON, FL 34205

TITLE MGR ☐ Delete
NAME ALLEN, RONALD J
STREET ADDRESS 1001 3RD AVENUE WEST, SUITE 600
CITY-ST-ZIP BRADENTON, FL 34205

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000092642430
CITY-ST-ZIP 02/14/07--01045--005 **200.00

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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.

SIGNATURE: David S. Band David S. Band, Manager 3/5/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #