2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 9:06

DOCUMENT # L05000074874

1. Entity Name
DIXIE STRATEGIES, LLC

Principal Place of Business	Mailing Address
3156 BYRON RD GREEN COVE SPRINGS, FL 32043 FL	PO BOX 9630 FLEMING ISLAND, FL 32006

122682006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business	3. Mailing Address
844 Rita Circle	844 Rita Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Augustine, FL	City & State: St. Augustine, FL
Zip: 32086 Country: USA	Zip: 32086 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

GRAHAM, BRIAN H
3156 BYRON RD
GREEN COVE SPRINGS, FL 32043

7. Name and Address of New Registered Agent

Name: Jon G. Woodard
Street Address (P.O. Box Number is Not Acceptable): 844 Rita Circle
City: St. Augustine, **FL** Zip Code: 32086

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: Jon G Woodard 12/27/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
After January 1, 2007, Fee will be $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GRAHAM, BRIAN H 3156 BYRON RD GREEN COVE SPRINGS, FL 32043	☐ Delete	☐ Change ☐ Addition	800082905708 01/02/07--01043--011 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WOODARD, JON G 844 RITA CIRCLE ST. AUGUSTINE, FL 32086	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	REINSTATEMENT 2006
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

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: Jon G Woodard 12/27/2006 (904) 347-1872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #