


# 2012 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2012 AUG 31 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L05000076950</b> 1. Entity Name <b>VINCENT J. TRELTAS LLC</b>					
Principal Place of Business <b>127 TICKIE RIDGE CIRCLE CRAWFORDVILLE, FL 32327</b>			Mailing Address <b>127 TICKIE RIDGE CIRCLE CRAWFORDVILLE, FL 32327</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		08312012 REIN-LLC CR2E101 (12/11)	
4. FEI Number <b>33-1122377</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent	
TRELTAS, VINCENT J 127 TICKIE RIDGE CIRCLE CRAWFORDVILLE, FL 32327				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 <i>[Signature]</i> <span style="float: right;">DATE</span>					
FILE NOW!!! FEE IS \$377.50					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRELTAS, VINCENT J SR. 127 TICKIE RIDGE CIRCLE CRAWFORDVILLE, FL 32327		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM William D. Mims 127 Tickie Ridge Circle Crawfordville FL 32327	
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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: <i>[Signature]</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS					

REINSTATEMENT  
2011-2012

J. SAULSBERRY  
EXAMINER  
AUG 31 2012