2007 LIMITED LIABILITY COMPANY REINSTATEMENT,

DOCUMENT # L05000082227 Entity Name STRINGE RIVESTMENTS, LLC STRINGE	20	RE	INSTA	TEMENT,	VIPA	NII		101	•		
3 105 SAY TO BAY DE LVD. TAMPA, FL 33629 2 Principal Pruce of Bueness - No P.O. Box # 3. Mailing Accreess 5 Units, April # etc. 5 Units April # etc. 5 Units April # etc. 12 (2020) REIN-LLC CR2E-101 (1007) Chy & State 0 Units 0 Units April # etc. 12 (2020) REIN-LLC CR2E-101 (1007) 2 D	DOCUMENT # L05000082227 1. Entity Name						OF DEC 18 PM 1: 01				
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City & State City & State City	2. Principal P	lace of Business - No P.	O. Box #	3. Mailing Address							
20 Country 20 Country 5. Centification of Statute Decired 5.5.00 Anticolor Fee Procedured Fee Pr	Suite, Apt. #, etc.			Suite, Apt. #, etc.			12102007	REIN-LLC	CR2E101 (1/07)		
S. Same and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER, RANDELL 315 SOUTH HYDE PARK AVENUE 8. The stoore named entry 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 City FL Zip Code 8. The stoore named entry 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 City of the Code of the	City & State			City & State							
MILLER, RANDELL 315 SOUTH HYDE PARK AVENUE Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Addition International agents on the salk and agents on the single of the single agent of	Zip	p Country		Zip	Coun	try	5. Certificate	of Status Desired			
STEEL NOW!! FEE IS \$50.00 ARE January 1, 2008, For will be \$100.00 In accordance with s. 607,133(2)(b), F.S., the limited liability company of not receive the prior notice. MARASIRI, ALAEDIN MARE ALSIRI, MAJDI MARE ALSIRI		6. Name and Addre	ss of Current I	Registered Agent		None	7. Name and	d Address of New Rec	gistered Agent		
E. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: City	315 SOUTH HYDE PARK AVENUE										
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Comment	TAMPA, FL 33606										
the obligations of registered agent. SIGNATURE SIGNATURE Symbol Sym						·	re				
FILE NOW!! FEE IS \$50.00 In accordance with s. 607.193(2)(b), F.S., the limited Bability company old not receive the prior notice. 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 111: MORPM Change Change Addition NAME FALASIRI, ALAEDIN STRET ADDRESS TAMPA, FL 33629 CITY-SI-ZP 111: MORPM PALASIRI, MAJDI STRET ADDRESS TAMPA, FL 33629 CITY-SI-ZP 111: TAMPA, FL 33629 CITY-SI-ZP 111: TAMPA, FL 33629 CITY-SI-ZP 111: TAMPA Change Addition NAME STRET ADDRESS CITY-SI-ZP 111: TAMPA Change Addition NAME STRET ADDRESS CITY-SI-ZP 111: TAMPA, FL 33629 CITY-SI-ZP 111: TAMPA Change Addition NAME STRET ADDRESS CITY-SI-ZP 111: TAMPA Change Addition NAME Change											
After January 1, 2008, Fee will be \$100.00 liability company did not receive the prior notice. Florida Department of State 9.	SIGNATURE Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MGRM FALASIRI, MAJDI STREET ADDRESS CITY-ST-ZIP TITLE MGRM FALASIRI, MAJDI STREET ADDRESS CITY-ST-ZIP TITLE MAPA, FL 33629 CITY-ST-ZIP TITLE MGRM STREET ADDRESS CITY-ST-ZIP TITLE MAPA STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITL									8		
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	SIGNAT	URE: Ala SIGNATURE AND TYPED OR	FALAS PRINTED NAME OF	TITE A	AAAAGER, DE	RAUTHORIZED REPRESE			Daytime Phone #		