2006 LIMITED LIABILITY COMPANY REINSTATEMENT

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Sulfie. API. 4, etc. Sulfie. API. 4, etc.	238 DIXIE DI	R.		238 DIXIE DR.				TALLAHAS	SEE, F	LORIDA		
Cey & State Cey &	2. Principal P	Place of Busin	ness	3. Mailing Address	. Mailing Address							
So Country Zo Country So Country So Contribution Status Desired Status	Suite, Apt. #, etc.			Suite, Apt. #, etc.			12042006	REIN-LLC	CR2E1	101 (11/05)		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Bax Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code 6. The above named entity submiss the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am function with, and accept the obligations of registered agent and state agent are statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am function with, and accept the obligations of registered agent, or both, in the State of Florida. I am function with, and accept the obligations of registered agent. Or both, in the State of Florida. I am function with, and accept the obligations of registered agent, or both, in the State of Florida. I am function with, and accept the obligations of registered agent. Or both, in the State of Florida. I am function with, and accept the obligation of registered agent. Or both, in the State of Florida. I am function with, and accept the obligation registered agent. Or both, in the State of Florida. I am function with, and accept agent agen	City & State			City & State			4. FEI Numi	per				
AMBROWSKI, ROBERT 238 DIXIE DR. TALLAHASSEE, FL 32304 City City FL Zp Code 6. The above named onliky submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept ne obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept ne obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept ne obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept ne obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept ne obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept ne obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept ne obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept ne obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept ne obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept ne obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept ne obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept ne obligations of Florids. I am familiar with, and accept ne obligations of Florids. I am familiar with, and accept ne obligations of Florids. I am familiar with, and accept ne obligations of Florids. I am familiar with, and accept ne obligations of Florids. I am familiar with, and accept ne obligations of Florids. I am familiar with, and accept ne obligations of Florids. I am familiar with, and accept ne obligation of Florids. I am familiar with, and accept ne obligation of Florids. I am familiar with, and accept ne obligation of Florids. I am familiar with, and accept ne obligation of Florids. I am familiar with, and accept ne obligation of Florids. I am familiar with, and accept	Zip		Country	Zip	Cour	ntry	5. Certificat	e of Status Desired	风			
Sirced Address (P. O. Box Number is Not Acceptable) City		6. Name	e and Address of Current F			Name	7. Name an	d Address of New R	egistered /	Agent		
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the prior notice.	238 DIXIE	DR.				Street Address (P.O. Box Number is Not Acceptable)						
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 Fiorida. I am familiar with, and accept the obligations of registrate pagent. SIGNATURE Signature	TALLAHAS	SSEE, FL	32304			· · · · · · · · · · · · · · · · · · ·						
the obligations of registrate pagent. SIGNATURE FILE NOW!! FEE IS 550.00 After January 1, 2007, Fee will be \$100.00 In accordance with 5. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. FILE NOW!! FEE IS 550.00 In accordance with 5. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. AMANGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES Charge Addition									FL	Zip Code	•	
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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 paraticle of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	NAME STREET ADDRESS			☐ Delete	NAM STR	AE EET ADDRESS		(06	☐ Change	Addition	
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 managing member of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	imame Street address	, n		☐ Delete	TITL	INSTA	TEME	:NT	41	☐ Change	Addition	
SIGNATURE: / C SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Desylime Phone #	indicated	on this repo ability compa	ort is true and accurate and inny or the receiver or trustee	that my signature shall have empowered to execute thi	e the sam s report a	e legal effect as if r s required by Chap	made under oa oter 608, Florida	th; that I am a manag		y that the infor	er the	