

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000089398

Entity Name: 2ND GIFT HOLDINGS, LLC

FILED  
Jan 19, 2009  
Secretary of State

## Current Principal Place of Business:

5212 S JULES VERNE CT  
TAMPA, FL 33611

## New Principal Place of Business:

907 W PLATT ST  
TAMPA, FL 33606

## Current Mailing Address:

5212 S JULES VERNE CT  
TAMPA, FL 33611

## New Mailing Address:

907 W PLATT ST  
TAMPA, FL 33606

FEI Number: 20-3443259      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

REDD, JOHN L DMD  
5212 S JULES VERNE CT  
TAMPA, FL 33611      US

## Name and Address of New Registered Agent:

REDD, JOHN L DMD  
907 W PLATT ST  
TAMPA, FL 33606      US

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.

SIGNATURE: JOHN L REDD II D.M.D.

01/19/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: REDD, JOHN L II DMD  
Address: 5212 S JULES VERNE CT  
City-St-Zip: TAMPA, FL 33611

Title: MGR      ( ) Delete  
Name: REDD, ELIZABETH  
Address: 5212 S JULES VERNE CT  
City-St-Zip: TAMPA, FL 33611

## ADDITIONS/CHANGES:

Title: MGR      (X) Change ( ) Addition  
Name: REDD, JOHN L II DMD  
Address: 907 W PLATT ST  
City-St-Zip: TAMPA, FL 33606

Title: MGR      (X) Change ( ) Addition  
Name: REDD, ELIZABETH  
Address: 907 W PLATT ST  
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN L REDD II D.M.D.

MGR

01/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date