2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
07 OCT 26 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300111377803

DOCUMENT # L05000091133

1. Entity Name
STRG AND ASSOCIATES, LLC

Principal Place of Business	Mailing Address
8801 COLLEGE PARKWAY, SUITE 1 FORT MYERS, FL 33913	12800 UNIVERSITY DRIVE SUITE 500 FORT MYERS, FL 33907

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8951 River Palm CT	8951 River Palm Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers, FL	City & State: Fort Myers FL
Zip: 33919 Country: USA	Zip: 33919 Country: USA

10252007 REIN-LLC CR2E101 (1/07)

4. FEI Number: 20-3473911 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CABRERA, SAMIR 8951 RIVER PALM COURT FORT MYERS, FL 33919	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 _____ 10-25-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CABRERA, SAMIR 15850 PINE RIDGE ROAD #4 FORT MYERS, FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RUIZ, GILBERTO 15850 PINE RIDGE ROAD #4 FORT MYERS, FL 33908	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR TURNER, TODD 15850 PINE RIDGE ROAD #4 FORT MYERS, FL 33908	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RAYMOND, DEMARCO 15850 PINE RIDGE ROAD #4 FORT MYERS, FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

REINSTATEMENT 2007

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: _____ 10-25-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CSC. L05000091133

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 289939 80856A

AUTHORIZATION :

COST LIMIT : $ 155

ORDER DATE : October 25, 2007

ORDER TIME : 3:53 PM

ORDER NO. : 289939-005

CUSTOMER NO: 80856A

DOMESTIC FILINGS

RECEIVED
07 OCT 26 AM 8:49
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: STRG AND ASSOCIATES, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis - Ext# 2926

EXAMINER'S INITIALS

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