


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000092444		
1. Entity Name CVL LLC		

FILED

2007 JUN 21 P 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03302007 REIN-LLC CR2E101 (1/07)

Principal Place of Business 1307 GROVELAND AVE ORLANDO, FL 32806 US		Mailing Address 1307 GROVELAND AVE ORLANDO, FL 32806 US	
2. Principal Place of Business - No P.O. Box # 2108 SE Harlow St Suite, Apt. #, etc.		3. Mailing Address 2108 SE Harlow St Suite, Apt. #, etc.	
City & State Port St. Lucie		City & State Port St. Lucie	
Zip 34952	Country St. Lucie	Zip 34952	Country St. Lucie

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DONAHUE, JOHN 1307 GROVELAND AVE ORLANDO, FL 32806		7. Name and Address of New Registered Agent Name: John A. Donahue Street Address (P.O. Box Number is Not Acceptable) 2108 SE Harlow St City: Port St. Lucie FL Zip Code: 34952	
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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: John Donahue DATE: 6-13-07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$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 DONAHUE, JOHN 1307 GROVELAND AVE ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Donahue, John 2108 SE Harlow St Port St. Lucie FL 34952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100104889961 06/26/07--01049--026 **105.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition <u>06-07</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AL <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John Donahue DATE: 6-13-07 <sup>321</sup> 276-7471  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Dear Imissions of Corporations

I John Donahue did not receive  
prior notification