2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000110238

Entity Name: SURE SURVIVAL LLC

FILED Feb 03, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

405 SOUTH DALE MABRY 13755 N. NEBRASKA AVE

SUITE 345 TAMPA, FL 33613

TAMPA, FL 33609

Current Mailing Address: New Mailing Address:

405 SOUTH DALE MABRY 13755 N. NEBRASKA AVE

SUITE 345 TAMPA, FL 33613 TAMPA, FL 33609

FEI Number: 20-3805055 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: Name and Address of New Registered Agent:

MUSHINSKY, BRAD A MANAGER

405 S DALE MABRY #345

TAMPA, FL 33609 US

MUSHINSKY, BRAD RA

405 S DALE MABRY HWY #345

TAMPA, FL 33609 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: BRAD MUSHINSKY 02/03/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MRGM () Delete Title: MM (X) Change () Addition Name: MUSHINSKY, BRAD Name: VASDEN, JR., BILL MANAGER Address: 405 SOUTH DALE MABRY, STE. 345 Address: 13755 N. NEBRASKA AVE

Address: 405 SOUTH DALE MABRY, STE. 345 Address: 13755 N. NEBRASKA AVE. City-St-Zip: TAMPA, FL 33609 US City-St-Zip: TAMPA, FL 33613 US

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: BILL VASDEN, JR. MM 02/03/2009