2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000114589

Entity Name: JOHN R LOSS, LLC

FILED May 13, 2009 Secretary of State

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

1613 PICKENS AVE 5 CYPRESS POINT WEST PENSACOLA, FL 32503 5 CYPRESS POINT WEST PENSACOLA, FL 32514

Current Mailing Address: New Mailing Address:

1613 PICKENS AVE 5 CYPRESS POINT WEST PENSACOLA, FL 32503 PENSACOLA, FL 32514

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

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:

LOSS, JOHN R

1613 PICKENS AVE

PENSACOLA, FL 32503 US

LOSS, JOHN R

5 CYPRESS POINT WEST

PENSACOLA, FL 32514 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 R LOSS 05/13/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name:LOSS, JOHN RName:LOSS, JOHN RAddress:1613 PICKENS AVEAddress:5 CYPRESS POINT WESTCity-St-Zip:PENSACOLA, FL 32503City-St-Zip:PENSACOLA, FL 32514

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 R LOSS PRES 05/13/2009