2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000115322 1. Early Name THE MOUNT VERNON & BRAINTREE GROUP, LLC 2007 MAR 19 AM 9: 31 SECRETARY 0F STATE TALLAHASSEL, FLORIDA MAIN A 3166 1. Maing Address TROI NW 6 STREET MAIN, IT, 31166 2. Fringial Pace of Business - No P.O. Box # 3. Mailing Address MAIN, IT, 31166 2. Fringial Pace of Business - No P.O. Box # 3. Mailing Address Supp. Apr. 4. etc. 3. Mailing Address Supp. Apr. 4. etc			ILLIIOIA						F- 11	-			
1. Early MARK 19 AM 9: 31 THE MOUNT VERNON & BRAINTREE GROUP, LLC 2007 MAR 19 AM 9: 31 SECRETARY OF STATE TALLAHASSEE, FLORIDA MAINT, 43166 MAINT, 4316	DOCU					FIL	ED						
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O3122007 REIN-LLC CR2E101 (1/07)	MIAMI, FL 33	100		IVIIAIVII, FL 33100								Pear (** (EE)	
City & State Ci	Principal Place of Business - No P.O. Box # 3. Mailing Address												
Zip Country Zip Country 5. Name and Address of Current Registered Agent 7. Name and Address of Status Desired 5. Certificate of Status Desired 7. Name and Address of Status Desired 7. Name and Address of Name Registered Agent 7. Name and Address 8. The Addition Registered Agent 8. The Addition Registered Agent 8. The Addition Registe	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			03122007	REIN-LLC	CR2E	101 (1/07)			
S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code B. The above named earthy submits this statement for the purpose of changing is registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept agent of Plorida Delete the obligations of Plo	City & State	•		City & State							<u> </u>		
City FL Zip Code	Zip Country			Zip Country									
LILLAN SREDNI, PA 1380 NE MAMI GARDENS DRIVE SUITE 246 NORTH MIMMI BEACH, FL 33179 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 Ponda. I am familiar with, and accept the obligations of registered agent and of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept agent, or both, in the State of Ponda. I am familiar with, and accept agent, or both, in the State of Ponda. I am familiar with, and accept agent, or both, in the State of Ponda. I am familiar with, and accept agent, or both, in the State of Ponda. I am familiar with, and accept agent, or both, in the State of Ponda. I am familiar with, and accept agent, or both, in the State of Ponda. I am familiar with, and accept agent, or both, in the State of Ponda. I am familiar with, and accept agent, or both, in the State of Ponda. I am familiar with, and accept agent, or both, in the State of Ponda. I am familiar with, and accept agent, or both, in the State of Ponda. I am familiar with, and accept agent, or both, in the State of Ponda. I am familiar with, and accept agent, or both, in the State of Ponda. I am familiar with, and accept agent, or both, in the State of Ponda. I am familiar with, and accept agent agent agent, or both, in the Ponda agent, or both, in the State of Ponda and accept agent age	6. Name and Address of Current R			egistered Agent	Agent			7. Name and	1 Address of New F				
SIGNATURE Signature 1960 or proteo named entity submits this scatement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Title NOW!!! FEE IS \$100.00						Name							
The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida Department of State (Florida Department of	1380 NE M	IIAMI GAR	DENS DRIVE			Street A	ddress (P.O. Box Numb	er is Not Acceptable	e)			
City FL Zp Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Square, typed u printed agent agent and libit applicable. MOTE: Registered Agent alignment registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Square the obligation of registered agent. Square the obligations of registered agent. Square the obligation Square the obl			CH FL 33179			_							
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FILE NOW!! FEE IS \$100.00 In accordance with s. 607.193(2)(b), F.S., the limited floor the check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM													
### FILE NOW!!! FEE IS \$100.00 itability company did not receive the prior notice. Florida Department of State 9.	SIGNATURE Signature, typed or printed name of registered agent and bitle if applicable. (NOTE: Registered Agent alguature required when reinstating) DATE I												
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