2006 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # £05000121331 BURNETT FAMILY HOLDINGS, LLC 06 DEC 29 AM 9: 06 Principal Place of Business Mailing Address 5246 TILDENS GROVE BLVD. 5246 TILDENS GROVE BLVD. WINDERMERE, FL 34786 WINDERMERE, FL 34786 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10162006 REIN-LLC CR2E101 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Steven W. Cutler **BURNETT, THOMAS-T** Street Address (P.O. Box Number is Not Acceptable) One E. Broward Blvd. 5246 TICDENS GROVE BLVD. Suite 1010 WINDERMERE; FL 34786 Lauderdale 8. The above named ntily 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 stered ager SIGNATURE (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to FILE NOW!!! FEE IS \$50.00 liability company did not receive the prior notice. After January 1, 2007, Fee will be \$100.00 Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition BURNETT, THOMAS T NAME NAME 200082907002 STREET ADDRESS 5246 TILDENS GROVE BLVD. STREET ADDRESS 01/02/07--01043--021 CITY-ST-ZIP WINDERMERE, FL 34786 CITY-ST-ZIP MGRM TITLE ☐ Delete Change □ Addition BURNETT, TERESA L NAME NAME STREET ADDRESS 5246 TILDENS GROVE BLVD. STREET ADDRESS CITY-ST-7IP WINDERMERE, FL 34786 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP 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.

FILED