2008 LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT				ye== 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
DOCUMENT # L06000017329					
1. Entity Name					
HÉNŘIC-MAC PROPERTIES, LLC				2008 DEC -9 AM 10: 58	
Principal Plac	ce of Business	Mailing Address		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
880 W WISCONSIN AVE.		880 W WISCONSIN AVE		TAILAHASSEE, FLORIDA	
ORANGE CIT	Y, FL 32763	ORANGE CITY, FL 327	63	17,000	
				L (CTIVAL) DIL COLO DINI DINI CONI DEIN CONO SINI ICOLO IN DELLE INO NUI INIDIA IN INDI	
	Place of Business - No P.O. I	Box # 3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11032008 REIN-LLC CR2E101 (1/07)	
City & Stat	te	City & State	, ,	4. FEI Number Applied For 20-4347021 Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired XX \$5.00 Additional Fee Required.	
6. Name and Address of Current Registered Agent 7				7. Name and Address of New Registered Agent	
HENRICK	SON RICHARD G		Name		
HENRICKSON, RICHARD G 880 W WISCONSIN AVE. ORANGE CITY, FL 32763			Street Address (Street Address (P.O. Box Number is Not Acceptable)	
ONANGL	OITT, FE 32703				
			City	FL Zip Code	
The above the obligat	e named entity submits this si tions of registered agent.	latement for the purpose of charging its	registered office or register	red agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE Richard G. Henrickson Thickard Christian 12/4/8					
SIGNATURE	Signature, typed or printed name of re-	gislered agent and title if applicable. (NOTI	E: Registered Agent signature requi	ired when reinstating) DATE	
	E NOW!!! FEE IS \$238.7			Make check payable to	
After Janu	iary 1, 2009, Fee will be	3377.50		Florida Department of State	
9.	MANAGIN	IG MEMBERS/MANAGERS	10.	ADDITIONS/CHANGES	
TITLE	MGR	□ Delete	TITLE	☐ Change ☐ Addition	
NAME STREET ADDRESS	HENRICKSON, RICHAI 880 W WISCONSIN AV		NAME STREET ADDRESS	200138696052	
CITY-ST-ZIP	ORANGE CITY, FL 32		CITY-ST-ZIP	12/08/0801063020 **238.75	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME STREET ADDRESS	MACHERIONE, THOM/ 1377 7TH AVE.	AS	NAME		
CITY-ST-ZIP	DELAND, FL 32724		STREET ADORESS CITY-ST-ZIP		
TITLE	,	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	·	
TITLE		□ Delete	TITLE	Change C Addition	
NAME		Li Delete	NAME	☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	56	
TITLE NAME		☐ Delete	TITLE NAME	Addition Addition	
STREET ADDRESS			STREET ADDRESS	ANDTATEMENT US	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME STREET ADDRESS	•		NAME Street Address		
CITY-ST-ZIP			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.					
IRTINGO IIG	bility company or the receive	si di mastee embaweren ia execute mis i	CHOIT as required by Chap	ner bod i fonda otatates.	
minteo na	ibility company of the receive	or trustee empowered to execute this i		Water 12/4/00	