

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000026345

FILED
Apr 28, 2008
Secretary of State

Entity Name: VIC'S BOYS, LLC

Current Principal Place of Business:

C/O NEAL S. HENSCHEL
700 W. HILLSBORO BLVD., SUITE 1
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

C/O NEAL S. HENSCHEL
5834 NW 26TH STREET
BOCA RATON, FL 33496

Current Mailing Address:

C/O NEAL S. HENSCHEL
700 W. HILLSBORO BLVD., SUITE 1
DEERFIELD BEACH, FL 33441

New Mailing Address:

C/O NEAL S. HENSCHEL
5834 NW 26TH STREET
BOCA RATON, FL 33496

FEI Number: 90-0272345 **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:

HENSCHEL, NEAL S
700 W. HILLSBORO BOULEVARD
BUILDING 1
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

HENSCHEL, NEAL S
5834 NW 26TH STREET
BOCA RATON, FL 33496 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: NEAL S. HENSCHEL

04/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MM () Change (X) Addition
Name: HENSCHEL, NEAL S
Address: 5834 NW 26TH STREET
City-St-Zip: BOCA RATON, FL 33496 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: NEAL S. HENSCHEL

MM

04/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date