

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED DOCUMENT #L06000034308 1. Entity Name SMITTY'S OF MATLOCK, LLC 2008 SEP 23 ₱ 1: 44 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailino Address 13506 SUMMERPORT VILLAGE PARKWAY #145 13506 SUMMERPORT VILLAGE PARKWAY #145 WINDERMERE, FL 34786 WINDERMERE, FL 34786 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3245 MAIN STREET 3900 CHENEY DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 08012008 REIN-LLC CR2E101 (1/07) SUITE 101 #235-135 City & State City & State 4. FF? Number Applied For FRISCO, TX 20-4745380 ARLINGTON, TX Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 75034 76018 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILSON, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236 City Zip Code FL. 6. 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and life If applicable. (NOTE: Registered Agent signature required when retratating) DATE Make check payable to FILE NOW!!! FEE IS \$377.50 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MLE MGR Change Addition KAME NAME **BRIAN SCOTT SMITH** STREET ADDRESS STREET ADDRESS 3900 CHENEY DRIVE, SUITE 101 CITY-ST-ZIP CITY-ST-ZIP ARLINGTON, TX 76018 TITLE ☐ Delete TITLE MGR ☐ Change Addition NAME NAME JILL MICHELLE SMITH STREET ACCORESS STREET ADDRESS 3900 CHENEY DRIVE, SUITE 101 CITY-ST-ZIP CITY-ST-21P ARLINGTON, TX 76018 TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME 800136263148 09/23/08--01045--002 **377.50 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE D Dekete TITL C ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-28P CITY ST ZIP 11. I hereby certify that the information supplied with this liting 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 flability company or the receiver os trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: ATURE AND TYPED ON PRINTING HAME OF BIGHING MANAGING NEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Devilme Phone 6