2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000059162

Entity Name: NITTANY-NOLES, LLC

City-St-Zip:

MARIANNA, FL 32446

FILED Oct 24, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5213 OAK DRIVE MARIANNA, FL 32446 **Current Mailing Address: New Mailing Address:** 5213 OAK DRIVE MARIANNA, FL 32446 FEI Number: 20-5359026 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AKERSON, MARK R 5213 OAK DRIVE MARIANNA, FL 32446 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: MARK R. AKERSON Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete AKERSON, CATHLEEN Name: Name: 5213 OAK DRIVE Address: Address: City-St-Zip: MARIANNA, FL 32446 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: SPENCE, SABRINA Name: Address: 2855 MAGNOLIA BLOSSOM LANE Address: City-St-Zip: MARIANNA, FL 32446 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition AKERSON, MARK Name: Name: Address: 5213 OAK DRIVE Address: City-St-Zip: MARIANNA, FL 32446 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SPENCE, JOHN Name: 2855 MAGNOLIA BLOSSOM LANE Address: Address:

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.

City-St-Zip:

SIGNATURE: JOHN SPENCE MGRM 10/24/2007