2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 13, 2008
Secretary of State

DOCUMENT# L06000059563

Entity Name: TMJ, LLC

Current Principal Place of Business:

UNIT 512 HAMMOCK BEACH CLUB
1 HAMMOCK BEACH PARKWAY
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

3472 ROUTE 130
HARRISON CITY, PA 16335

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: JAMES M. NEWSOME

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JACKSON, THOMAS D.M.D.
Address: UNIT 512 HAMMOCK BEACH CLUB
City-St-Zip: PALM COAST, FL 32137

Title: MGRM ( ) Delete
Name: PRICE, MATTHEW D.M.D.
Address: UNIT 512 HAMMOCK BEACH CLUB
City-St-Zip: PALM COAST, FL 32137

Title: MGRM ( ) Delete
Name: BROWN, JEANNE
Address: UNIT 512 HAMMOCK BEACH CLUB
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: WILLIAM A. BUCK AUTH 11/13/2008

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