



2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000068460 1. Entity Name OUR DIRT, LLC					
Principal Place of Business 100 S. ORANGE AVE. SUITE 200 ORLANDO, FL 32801			Mailing Address 100 S. ORANGE AVE. SUITE 200 ORLANDO, FL 32801		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 07152008 REIN-LLC CR2E101 (1/07) <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent ANDERSON, WENDY R 100 S. ORANGE AVE. SUITE 200 ORLANDO, FL 32801	
7. Name and Address of New Registered Agent Name Lawrence H. Kolin Street Address (P.O. Box Number is Not Acceptable) 100 S. Orange Avenue Suite 200 City Orlando FL Zip Code 32801				8. 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 the obligations of registered agent. SIGNATURE _____ DATE 07/15/08 <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$377.50		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Alvarez, Sambol, Winthrop & Madson, PA 100 S. Orange Avenue, Suite 200 Orlando, Florida 32801 <input type="checkbox"/> Change <input type="checkbox"/> Addition 400133689864 07/29/08--01006--018 **327.50 02/19/07-90196-039-#50.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
REINSTATEMENT 07, 08					
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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			07/15/08 <small>Date</small>		407-210-2796 <small>Daytime Phone #</small>