

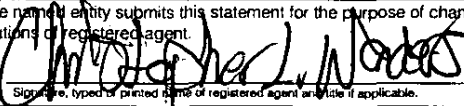



# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L06000071328</b> 1. Entity Name <b>CHRISTOPHER WONDERS LLC</b>				<b>FILED</b> <b>08 JUL 23 PM 2:16</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE FLORIDA</b>	
Principal Place of Business <b>3012 EAST WATERS AVE.</b> <b>TAMPA, FL 33604 US</b>		Mailing Address <b>3012 EAST WATERS AVE.</b> <b>TAMPA, FL 33604 US</b>			
2. Principal Place of Business, No P.O. Box # <b>11814 Old Hillsborough Ave</b>		3. Mailing Address <b>11814 Old Hillsborough Ave</b>			
Suite, Apt. #, etc. <b>Apt. A</b>		Suite, Apt. #, etc. <b>Apt. A</b>			
City & State <b>Seffner, FL</b>		City & State <b>Seffner, FL</b>		06252008 REIN-LLC CR2E101 (1/07)	
Zip <b>33584</b>		Country <b>Hillsborough</b>		4. FEI Number <input type="checkbox"/> Applied For <input checked="" 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 <b>WONDERS, CHRISTOPHER</b> <b>3012 EAST WATERS AVE.</b> <b>TAMPA, FL 33604</b>			
7. Name and Address of New Registered Agent Name <b>Christopher Wonders</b>		Street Address (P.O. Box Number is Not Acceptable) <b>11814 Old Hillsborough Ave</b>			
City <b>Seffner</b>		State <b>FL</b>			
Zip Code <b>33584</b>		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 <b>6/26/08</b>			
<b>FILE NOW!!! FEE IS \$277.50</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE <b>MGR</b>	NAME <b>WONDERS, CHRISTOPHER</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>3012 EAST WATERS AVE.</b>	CITY-ST-ZIP <b>TAMPA, FL 33604</b>		<b>000132471760</b> <b>07/08/08--01020--003 **277.50</b>		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>NAME</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>CITY-ST-ZIP</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>NAME</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>CITY-ST-ZIP</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>NAME</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>CITY-ST-ZIP</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 					
DATE: <b>6/26/08</b>					