## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

1. Entity Nam	MENT # L06000086				SECRETO DIVISION CONTROL OF APR		KALIONS	;		
Principal Place 2737 N. E ST PENSACOLA,	Г.	Mailing Address 2737 N. E ST. PENSACOLA, FL 3250	<u>-</u> -							
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04112008	REIN-LLC	CR2E1	01 (1/07)			
City & State		City & State		4. FEI Numb	67832	32	_ <del></del>	plied For Applicable		
Zip	Country			гу	5. Certificate of Status Desired   \$5.00 Additional Fee Required					
	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New R	egistered Ag	gent		
BLACKMON, JOHNNY W				ivalite						
2737 N. E.: PENSACO	SŤ. JLA, FL 32501			Street Address (P.O. Box Number is Not Acceptable)						
				City	,	·	FL	Zip Code		
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.  14/14/08-01050-002 **277.50									and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registere	d Agent signature requir			DATE			
FILI	E NOW!!! FEE IS \$277.50		93(2)(b), F.S., the eive the prior not			e check pa Departme				
9.	MANAGING MEMBE	ERS/MANAGERS	10.			ADDITIONS	CHANGES		$\overline{}$	
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