


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**

**08 NOV -4 PM 12: 27**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

DOCUMENT # L06000086020		
1. Entity Name SOLID UNDERGROUND, LLC		

Principal Place of Business 3073 S. HORSESHOE DRIVE SUITE 118 NAPLES, FL 34104 US	Mailing Address 3073 S. HORSESHOE DRIVE SUITE 118 NAPLES, FL 34104 US
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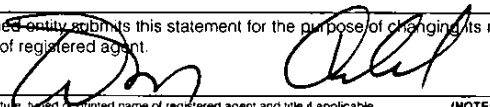
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0354350	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



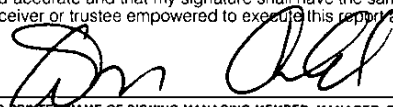
10292008 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent  ARNOLD, DONALD L 3073 S. HORSESHOE DRIVE SUITE 118 NAPLES, FL 34104		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	
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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

FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARNOLD, DONALD L 3073 S. HORSESHOE DRIVE SUITE 118 NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  300137581329 11/03/08--01070--005 **238.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGM RICHARD VETTER 3073 S.Horseshoe Dr Ste 118 Naples Fl # 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGM Michael Jeppesen 3073 S. Horseshoe Dr. Ste118 Naples Fl 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGM Joseph Sieben 3073 S. Horseshoe Dr. Ste118 Naples Fl 34104 <input type="checkbox"/> Change <input checked="" 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

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: 10/29/08 239-262-6785