2008 LIMITED LIABILITY COMPANY REINSTATEMENT

1. Entity Nam	MENT # L060000900		20	FILE NOV 20 P					
Principal Place of Duciness				211	Si	FORETHOU	0. 38		
Principal Place of Business 7027 TRIPOLI WAY ORLANDO, FL 32822		Mailing Address 7027 TRIPOLI WAY ORLANDO, FL 32822			TẠI	ECRETARY OI LAHASSEE.		- an- w-	
2. Principal P	lace of Business - No P.O. Box#	3. Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			10302008	REIN-LLC	CR2E101 (	1/07)	
City & State		City & State		4. FEI Numb	PPLICABLE			lied For Applicable	
Zip	Country	Zip	Coun	try	1	of Status Desired		0 Addit	
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current R	egistered Agent	istered Agent		7. Name and	Address of New Re			
Name							<del></del>		
7027 TRIP			Street Address (P.O. Box Number is Not Acceptable)						
ORLANDO	), FL 32822	******							
			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.  SIGNATURE Clovin D Mª Millan h. Alvin D MªMillan Tr MGRM 11/11/08  Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOWIII FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50							e check payab Department o		
9.	MANAGING MEMBERS/MANAGERS				ADDITIONS/CHANGES				
TITLE .	MGRM MCMILLAN, ALVIN D JR	☐ Delete	TITL	į				Change	Addition
STREET ADDRESS	7027 TRIPOLI WAY		STREET		000137920230 11/14/0801016007 **242 <u>.75</u>				
CITY-ST-ZIP	ORLANDO, FL 32822	<u>.</u>		-ST-ZIP	11/1	<u>4/0801016</u>			
TITLE NAME	MGRM BRYAN, JASON TIMOTHY	Delete	TITL	l l			[] C	Change	Addition
STREET ADDRESS	3501 HUGHES ROAD	st		ET ADDRESS					
CITY+ST-ZIP	HAINES CITY, FL 33344			-ST-ZIP					
TITLE NAME	Detete		TITL NAM	l I			L) (	Change	☐ Addition
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			- ST-ZIP				· h	[ ] Addition
TITLE NAME		☐ Delete	NAM	1			Шv	hange	Addition
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			-	-ST-ZIP	<del></del>	·····		·	□ Addition
TITLE NAME		☐ Delete	TITL NAW	<b>I</b>			L	Change	☐ Addition
STREET ADDRESS				ET ADDRESS					
CtTY-ST-ZIP				-ST-ZIP	SPA TIP	STARKET FOR			
TITLE NAME		☐ Oelete	, MTL NAM	THE WAY	MAIL	MENT_	087	Targe	Addition
STREET ADDRESS				ET ADDRESS		10.1	ALCO ALL LA SAMPLE	3	
CITY-ST-ZIP				-ST-ZIP					
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 out; that I am a managing member or manager of the firmited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									

SIGNATURE: Olori D. Mª Mullon A. A. L. I. D. Mª MILLON TV. M. GR. M. 11/11/08.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE DUID DUID DUID ON THE OFFICE OF SIGNING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE