2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 18, 2007
Secretary of State

DOCUMENT# L06000090116

Entity Name: CASH FLOW MENTORS, LLC

Current Principal Place of Business:

6924 SW 45TH AVENUE
GAINESVILLE, FL 32608

New Principal Place of Business:

7609 SE 90TH AVE.
NEWBERRY, FL 32669

Current Mailing Address:

6924 SW 45TH AVENUE
GAINESVILLE, FL 32608

New Mailing Address:

7609 SE 90TH AVE.
NEWBERRY, FL 32669

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHEPARD, KATHY E
6924 SW 45TH AVENUE
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

CRUIKSHANK, JOHN T
7609 SE 90TH AVE.
NEWBERRY, FL 32669 US

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.

SIGNATURE: JOHN T. CRUIKSHANK 09/18/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CRUIKSHANK, JOHN T
Address: P.O. BOX 905
City-St-Zip: NEWBERRY, FL 32669

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CRUIKSHANK, JOHN T
Address: 7609 SE 90TH AVE.
City-St-Zip: NEWBERRY, FL 32669

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN T. CRUIKSHANK MGR 09/18/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date