2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 27, 2007
Secretary of State

DOCUMENT# L06000090978

Entity Name: SANDEFUR-CYR, LLC

Current Principal Place of Business:

255 W HIGHLAND STREET
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

255 W HIGHLAND STREET
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

CYR, CY
255 W HIGHLAND STREET
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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: CY CYR

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CYR, CY
Address: 255 W HIGHLAND STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM ( ) Delete
Name: CYR, JEFF
Address: 255 W HIGHLAND STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGMR ( ) Delete
Name: SANDEFUR, MATTHEW
Address: 350 DOGWOOD DRIVE
City-St-Zip: PENDELTON, IN 46064

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CY CYR MGMR 10/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date