


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000103757		
1. Entity Name OWL'S EYES OF ST. AUGUSTINE, LLC		

Principal Place of Business 504 GEOFFREY STREET ST. AUGUSTINE, FL 32080	Mailing Address 3451 SW COLLEGE ROAD OCALA, FL 33474
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
08 JAN -3 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01022008 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-5757185		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BALDWIN, ERNEST EDWARD 3451 SW COLLEGE ROAD OCALA, FL 33474		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 Ernest E. Baldwin DATE 1-02-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$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	MGR HEINLEIN, GEORGE 888 VETERANS MEMORIAL HWY., BLDG. 1 S-430 HAUPPAGE, NY 11788 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300113661083 01/03/08--01056--007 **377.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALDWIN, ERNEST EDWARD 2688 HIGHWAY 70 CONOVER, NC 28613 <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
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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

REINSTATEMENT

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: Ernest E. Baldwin DATE 1-02-08 828.261-7081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #