~2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000103772 1. Entity Name OWL'S EYES OF GAINESVILLE, LLC na Jan - 3 PM 3:51 Principal Place of Business Mailing Address 3265 SW 34TH STREET 3451 SW COLLEGE ROAD GAINESVILLE, FL 32608 OCALA, FL 33474 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01022008 REIN-LLC CR2E101 (1/07) 4. FEI Number 20 - 5 City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BALDWIN, ERNEST EDWARD Street Address (P.O. Box Number is Not Acceptable) 3451 SW COLLEGE ROAD OCALA, FL 33474 Zip Code pupose ptchanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of regi RNEST E. Doldan SIGNATURE Make check payable to FILE NOW!!! FEE IS \$377.50 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR THTLE TITLE Change ☐ Addition Delete **400113660314** 01/03/08--01056--005 **377.50 HEINLEIN, GEORGE NAME NAME 888 VETERANS MEMORIAL HWY., BLDG 1 S-430 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HAUPPUGE, NY 11788 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE Change ☐ Addition BALDWIN, ERNEST EDWARD NAME NAME STREET ADDRESS 2688 HIGHWAY 70 STREET ADDRESS CONOVER, NC 28613 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Channe TITLE ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME REINSTATEME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this figing 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 thy 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 employee do execute this report as required by Chapter 608, Florida Statutes. ancet E. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE