


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000103772

1. Entity Name  
**OWL'S EYES OF GAINESVILLE, LLC**



FILED

08 JAN -3 PM 3:51

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business  
 3265 SW 34TH STREET  
 GAINESVILLE, FL 32608

Mailing Address  
 3451 SW COLLEGE ROAD  
 OCALA, FL 33474

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

01022008 REIN-LLC CR2E101 (1/07)

4. FEI Number  
**20-5757307**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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

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 **1-2-08**

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**

9. MANAGING MEMBERS/MANAGERS

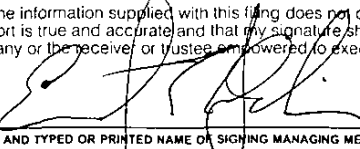
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEINLEIN, GEORGE 888 VETERANS MEMORIAL HWY., BLDG 1 S-430 HAUPPUGE, NY 11788	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALDWIN, ERNEST EDWARD 2688 HIGHWAY 70 CONOVER, NC 28613	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<p><b>400113860814</b>                  01/03/08--01056--005 **377.50</p>		
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

**REINSTATEMENT** 01-08  
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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** 828-459-9992

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