2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED **DOCUMENT # L06000114882** BRYN ADVISORY GROUP, LLC 07 DEC -4 PM 1:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 16403 CYPRESS WATER WAY 16403 CYPRESS WATER WAY 707 707 TAMPA, FL 33624 **TAMPA, FL 33624** 2. Principal Place of Business - No P.G. Box # 3. Mailing Address 14502 N. Dale Mab<u>ry Hig</u>hway 14502 N. Dale Mab<u>ry High</u>way Suite, Apt. #, etc. Suite, Apt. #, etc. 11272007 REIN-LLC CR2E101 (1/07) Suite 200 Suite 200 City & State 4. FEI Number Applied For Tampa, Florida Tampa, Florida 20 5961680 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired K) 33618 U.S. 33618 U.S. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Michael C. Heimbach HEIMBACH, CHARLES T 4120 HARBOR LAKE DR Street Address (P.O. Box Number is Not Acceptable) LUTZ, FL 33558 4120 Harbor Lake Drive Zip Code 33558 City 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 27 November 2007 Michael C. Heimbach MGRM Signature, sypedior printed careeral registered against and title diappicated DATE In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. FILE NOW!!! FEL IS \$50.00 Make check payable to After January 1, 2008, Fee will be \$100.00 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM THE 🔀 Delete TILE MGRM ☐ Change Addition HEIMBACH, CHARLES T NAME Michael C. Heimbach STREET ADDRESS 4120 HARBOR LAKE DR STREET ADDRESS 4120 Harbor Lake Drive CHY-SI-ZIP LUTZ. FL 33558 CITY-ST-7IP Lutz, Florida 33558 nne ☐ Delete nne ☐ Change ☐ Addition NAME 600112702246 11/29/07--01050--003 ***55 STREET ADDRESS STREET ADDRESS **55.00 CITY-ST-ZIP CITY ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition SAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ACORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP REINSTATEMEN TITLE TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change THILE Addition NAME NAME STREET ADDRESS STREET ADDRESS Offy-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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.

Michael C Heimbach MGRM

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

27 November 2007

813.963.1409

Daytime Photie #