2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Aug 04, 2008
Secretary of State

DOCUMENT# L06000115266

Entity Name: NEXT GENERATION RESTORATIONS LLC

Current Principal Place of Business:

1206 SUNILAND AVE.
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

6627 LAKE EMMA RD.
GROVELAND, FL 34736 US

Current Mailing Address:

1206 SUNILAND AVE.
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

6627 LAKE EMMA RD.
GROVELAND, FL 34736 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

CARTER, ALLEN R JR.
1206 SUNILAND AVE.
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

CARTER, ALLEN R JR.
6627 LAKE EMMA RD.
GROVELAND, FL 34736 US

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: ALLEN R. CARTER JR. 08/04/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CARTER, ALLEN R JR.
Address: 1206 SUNILAND AVE.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CARTER, ALLEN R JR.
Address: 6627 LAKE EMMA RD.
City-St-Zip: GROVELAND, FL 34736 US

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: ALLEN R. CARTER JR. MGR 08/04/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date