

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000121460

FILED
May 28, 2008
Secretary of State

Entity Name: HOME STATE INVESTMENTS, LLC

Current Principal Place of Business:

5030 CHAMPION BLVD.
SUITE G6-436
BOCA RATON, FL 33496 US

New Principal Place of Business:

5030 CHAMPION BLVD.
G6 # 436
BOCA RATON, FL 33496 US

Current Mailing Address:

5030 CHAMPION BLVD.
SUITE G6-436
BOCA RATON, FL 33496 US

New Mailing Address:

5030 CHAMPION BLVD.
G6 # 436
BOCA RATON, FL 33496 US

FEI Number: 22-3952522 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

WOODS, PAUL B ESQ.
8367 BIRD ROAD
MIAMI,, FL 33155 US

Name and Address of New Registered Agent:

WOODS, PAUL B ESQ.
9400 SOUTH DADELAND BLVD
PH 5
MIAMI,, FL 33156 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: PAUL B. WOODS

05/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHOENFELDT, JAY EVAN
Address: 4470 WEST SUNSET BLVD., STE 277
City-St-Zip: LOS ANGELES, CA 90027 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHOENFELDT, JAY E
Address: 4470 WEST SUNSET BLVD., STE 277
City-St-Zip: LOS ANGELES, CA 90027 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: JAY EVAN SCHOENFELDT

MGRM

05/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date