2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 22, 2008
Secretary of State

DOCUMENT# L06000122530

Entity Name: PRO VISION FINANCIAL SERVICES, LLC

Current Principal Place of Business:

5330 PALE MOON DRIVE
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

5330 PALE MOON DRIVE
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

SHINSTINE, JEANINE M
5330 PALE MOON DRIVE
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

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: JEANINE M. SHINSTINE

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SHINSTINE, JEANINE M
Address: 5330 PALE MOON DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: MGRM ( ) Delete
Name: CACANINDEN, JOANNE
Address: 201 SUNSPRING COURT
City-St-Zip: PLEASANT HILL, CA 94523

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SHINSTINE, JEANINE M
Address: 5330 PALE MOON DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: PRES (X) Change ( ) Addition
Name: SHINSTINE, EDWARD M
Address: 5330 PALE MOON DRIVE
City-St-Zip: PENSACOLA, FL 32507

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: JEANINE M. SHINSTINE MGMR 11/22/2008

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