2007 LIMITED LIABILITY COMPANY REINSTATEMENT

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Principal Place of Business Mailing Address]	Programme and		11
1093 E. WITI DUNNELLON,			1093 E. WITHLACOOCHEE TRAIL DUNNELLON, FL 33434			1 (63)(6() 3()			
2 Dringing D	Nana of Busin	ann No B.O. Bay #	3. Mailing Address						
2. Principal Place of Business - No P.O. Box #			PO B ~ 790				LONU DINI 3018 DEN LU		KI 181001 III 1001
Suite, Apt. #, etc.			Suite, Apt. #, etc.			09252007	REIN-LLC	CR2E101 (1/0	17)
City & State		City & State Dunnellon FL		FL	4. FEI Numb	ər		Applied For Not Applicable	
Zip		Country	^{Zip} 34430	Coun	try	5. Certificate	of Status Desired	S5.00 Fee Requ	Additional uired
	6. Name	and Address of Current R			7. Name and Address of New Registered Agent				
DRAKE, G 1093 E. W DUNNELL	THLACO	OCHEE TRAIL	Street Address (P.O. Box Numb	er is Not Acceptable	е)		
					City			FL Zip C	Code
	named entitions of regist	y submits this statement for	the purpose of changing its	ed office or register	red agent, or bo	th, in the State of Flo	1	ith, and accept	
SIGNATURE .		or printed name of registered agent an						DATE	
	Signature, typed	or printed name or registered agent an	to tale il applicable. (NOTI	E: Registen	eluper erutengis tnegA be	red when reinstating)	l .	DATE	
		FEE IS \$50.00 3, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., th liability company did not receive the prior no		e limited tice.		ke check payable t a Department of S		
9.		MANAGING MEMBER	C /MANIACEDS	140		1	ADDITIONS	1011411050	· · · · · · · · · · · · · · · · · · ·
		MANAGING MEMBER	13/IMANAGENS	10.			ADDITIONS	/CHANGES	
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