

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000000332

FILED
Oct 17, 2008
Secretary of State

Entity Name: LAW OFFICE OF JOEL C. WILSON, P.L.

Current Principal Place of Business:

419 N MAGNOLIA AVE
ORLANDO, FL 32801 US

New Principal Place of Business:

809 IRMA AVENUE, SUITE 2
ORLANDO, FL 32803 US

Current Mailing Address:

419 N MAGNOLIA AVE
ORLANDO, FL 32801 US

New Mailing Address:

809 IRMA AVENUE, SUITE 2
ORLANDO, FL 32803 US

FEI Number: 77-0667425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, JOEL C
419 N MAGNOLIA AVE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

WILSON, JOEL C
809 IRMA AVENUE, SUITE 2
ORLANDO, FL 32803 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: JOEL WILSON

10/17/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILSON, JOEL C
Address: 419 N MAGNOLIA AVE
City-St-Zip: ORLANDO, FL 32801 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WILSON, JOEL C
Address: 809 IRMA AVENUE, SUITE 2
City-St-Zip: ORLANDO, FL 32803 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: JOEL WILSON

MGR

10/17/2008

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