


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

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| DOCUMENT # L07000005273 | |  |
| 1. Entity Name MARICAMPING, LLC | | |

9/26/08

FILED

08 DEC 23 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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| Principal Place of Business 1906 S.E. 3RD STREET OCALA, FL 34471 | Mailing Address 1906 S.E. 3RD STREET OCALA, FL 34471 |
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|--|---------|-----------------------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address PO BOX 5628 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State OCALA FL | |
| Zip | Country | Zip | Country |
| | | 34478 | USA |

12162008 REIN-LLC CR2E101 (1/07)

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| 4. FEI Number 20-8188564 | Applied For Not Applicable |
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















| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

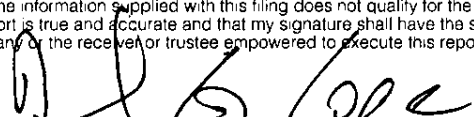
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| 6. Name and Address of Current Registered Agent COPE, DAVID G 1906 S.E. 3RD STREET OCALA, FL 34471 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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| 8. 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. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE  | DATE 12-16-08 |
| <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | |

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| FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50 | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  Delete mgrm David G Cope 1906 SE. 3rd Ave Ocala FL 34471 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  Change  Addition 700139102637 12/17/08--01034--002 **138.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  Delete Ocala FL 34471 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  Change  Addition called 12/24 Advised Added Dr G Cope as mgrm |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  Change  Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  Delete REINSTATEMENT | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  Change  Addition 2008 without Penalty up 12/24 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  Change  Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  Change  Addition |

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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  | DATE 12-16-08 352-622-9922 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | |