

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000011983

FILED
Nov 14, 2008
Secretary of State

Entity Name: DRAKE ENTERPRISE LLC

Current Principal Place of Business:

13402 HATHERTON CIRCLE
ORLANDO, FL 32832 US

New Principal Place of Business:

3920 NAVY
PENSACOLA, FL 32507 US

Current Mailing Address:

13402 HATHERTON CIRCLE
ORLANDO, FL 32832 US

New Mailing Address:

3920 NAVY
PENSACOLA, FL 32507 US

FEI Number: 20-8487898 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:

DRAKE, GREGORY M
13402 HATHERTON CIRCLE
ORLANDO, FL 32832 US

Name and Address of New Registered Agent:

DRAKE, GREGORY M
3920 NAVY
PENSACOLA, FL 32507 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: GREGORY DRAKE

11/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DRAKE, GREGORY M
Address: 13402 HATHERTON CIRCLE
City-St-Zip: ORLANDO, FL 32832 US

Title: MGR () Delete
Name: PAGAN, REBECCA
Address: 13402 HATHERTON CIRCLE
City-St-Zip: ORLANDO, FL 32832 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GREGORY DRAKE

OWNE

11/14/2008

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