2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000013900

Entity Name: SCOOTERS CUSTOM WORKS LLC

Current Principal Place of Business:	**New Principal Place of Business:**
615 SO SWEETWATER COVE BLVD LONGWOOD, FL 32779	

Current Mailing Address:	**New Mailing Address:**
615 SO SWEETWATER COVE BLVD LONGWOOD, FL 32779	

FEI Number: 90-0449464   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)
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:	**Name and Address of New Registered Agent:**
LEBLANC, GINA 615 SO SWEETWATER COVE BLVD LONGWOOD, FL 32779 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: GINA LEBLANC
_____
           Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:	**ADDITIONS/CHANGES:**
Title: MGRM ( ) Delete Name: BOLEN, CHRISTOPHER S Address: 615 SO SWEETWATER COVE BLVD City-St-Zip: LONGWOOD, FL 32779	Title: PRES (X) Change ( ) Addition Name: BOLEN, CHRISTOPHER S Address: 615 SO SWEETWATER COVE BLVD City-St-Zip: LONGWOOD, FL 32779
Title: MGRM ( ) Delete Name: LEBLANC, GINA Address: 615 SO SWEETWATER COVE BLVD City-St-Zip: LONGWOOD, FL 32779	Title: V.P. (X) Change ( ) Addition Name: LEBLANC, GINA Address: 615 SO SWEETWATER COVE BLVD City-St-Zip: LONGWOOD, FL 32779

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: CHRISTOPHER BOLEN   PRES   03/18/2009
_____
     Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date