## 2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000015696  1. Entity Name SPENCER FAMILY ENTERPRISES, L.L.C.				FILED 12 NOV -2 PH 12: 46				
Principal Place of Business 640 EAST CALL STREET TALLAHASSEE, FL 32301	T CALL STREET 640 EAST CALL STREET				IALLA	TARY THE HASSEE.F	ĹŎŔĬŨĄ	
2. Principal Place of Business - No P.O. Box #  3 2 2 2 SHARER RA  Suite, Apt. #, etc.  Suite, Apt. #, etc.			e	11022012	REIN-LLC	CR2E101 (12		
City & State T14(CAHASSEE FC	City & State  City & State  City & State			4. FEI Numb			Applied For Not Applicable	
Zip Country 323/2 Early	Zip Count		ry	20-8427986  5. Certificate of Status Desired		\$5.00 Additional Fee Required		
6. Name and Address of Current	Registered Agent			7. Name an	d Address of New Re	gistered Agent	· · · · · · · · · · · · · · · · · · ·	
	Name / 7 10: 3 AQQ 14 42:							
SPENCER, WILLIAM E 640 EAST CALL STREET TALLAHASSEE, FL 32301			Street Address (	Street Address (P.O. Box Number is Not Acceptable)				
		-	City Jalla	chassee		FL Zip Zip Zip Zip	Code 23 (2 ·	
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 Signature, typed or printed name of registered agent and 85s V applicable (NOTÉ: Registered Agent algnature require				ired when reinstatin	g) /	//-2-12 DATE	<u>-</u>	
FILE NOW!!! FEE IS \$238.75 After January 1, 2013, Fee will be \$377.50  Make check payable to Fiorida Department of State								
9. MANAGING MEMBEI	RS/MANAGERS	10.	· · · · · · · · · · · · · · · · · · ·		ADDITIONS/C	HANGES		
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NAME SPENCER, WILLIAM E		NAME	1/1/00	wice,	Vellian E.			
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NAME STREET ADDRESS		NAME	ET ADORESS					
CITY- ST- ZIP			ST-ZIP					
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.								
	that my signature shall have empowered to execute this	the same report as	e legal effect as if required by Char	made under oa ster 608, Florida	atn; tnat i am a manaç i Statutes.	ing member or ma	anager or the	
SIGNATURE: Welliam	that my signature shall have empowered to execute this	report as	required by Chap	oter 608, Florida	atn; that I am a manag I Statufes.	ing mamber of ma	anager or the	