

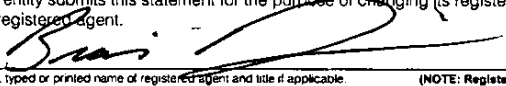
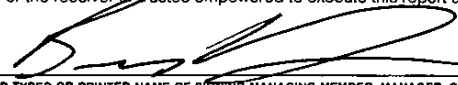


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000020635 1. Entity Name THE LENAPE GROUP, LLC					
Principal Place of Business 546 S ELLIS RD JACKSONVILLE, FL 32254			Mailing Address 546 S ELLIS RD JACKSONVILLE, FL 32254		
2. Principal Place of Business - No P.O. Box # 546 S. Ellis Rd		3. Mailing Address 546 S. Ellis Rd		 10282008 REIN-LLC CR2E101 (1/07)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Jacksonville, FL			
Zip 32254		Zip 32254			
Country USA		Country USA		4. FEI Number 20-8523648	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DAVIS, BRIAN T 9 ARBOUR CLUB DRIVE, #108 PONTE VEDRA BEACH, FL 32082				7. Name and Address of New Registered Agent Name DAVIS, BRIAN T. Street Address (P.O. Box Number is Not Acceptable) 1415 Ocean Blvd City Atlantic Beach FL Zip Code 32233	
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  10.29.08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE Managing Member - President <input type="checkbox"/> Delete NAME Brian T. Davis STREET ADDRESS 1415 Ocean Blvd CITY-ST-ZIP Atlantic Beach, FL 32233			<input type="checkbox"/> Change <input type="checkbox"/> Addition 700137574907 11/03/08--01057--007 **243.75		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 08		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition L. SELLERS		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition NOV 17 2008		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition EXAMINER		
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: 				10.29.08 904-783-1600 <small>Date Daytime Phone #</small>	