2008 LIMITED LIABILITY COMPANY
REINSTATEMENT

DOCUMENT # L07000028677

1. Entity Name
THE EAGLES SALES REPRESENTATIVES LLC

Principal Place of Business	Mailing Address
2922 TAMPA STREET TAMPA, FL 33603	2922 TAMPA STREET TAMPA, FL 33603

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3111 W. Dr. MlK Blvd	3111 W. Dr. MlK Blvd
Suite, Apt. #, etc. 100	Suite, Apt. #, etc. 100
City & State Tampa, FL.	City & State Tampa, FL.
Zip 33607	Country	Zip 33607	Country

12232008   REIN-LLC   CR2E101 (1/07)

4. FEI Number 20-8800541	Applied For
	Not Applicable
5. Certificate of Status Desired ☑	$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VERNON, MAURICE 2922 TAMPA STREET TAMPA, FL 33603	Name Street Address (P.O. Box Number is Not Acceptable) 3111 W. Dr. MlK Blvd 100 City Tampa FL Zip Code 33607

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 12/27/08

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

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**

9.	MANAGING MEMBERS / MANAGERS		10.	ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VERNON, MAURICE 2922 TAMPA STREET TAMPA, FL 33603	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3111 W. Dr. Blvd Tampa, Fl 33607	☑ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400139531344 01/06/09--01007--026 **143.75	☐ Change	☐ Addition
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
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	REINSTATEMENT 2008	☐ Change	☐ Addition

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: _____   12/27/08   (813) 451-2242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #