2008 LIMITED LIABILITY COMPANY
REINSTATEMENT

DOCUMENT # L07000040453

1. Entity Name
O'DELL'S CENTRAL FLORIDA REALTY, LLC   *9/24/08*

FILED

08 DEC 23 AM 11: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
830 NORTH WICKHAM ROAD *changed* SUITE # 2 MELBOURNE, FL 32935 *NEW*	830 NORTH WICKHAM ROAD SUITE # 2 MELBOURNE, FL 32935 *NEW*
2. Principal Place of Business - No P.O. Box # *1441 Cibola Drive*	**3.** Mailing Address *1441 Cibola Drive*
Suite, Apt. #, etc.	Suite, Apt. #, etc.

12152008   REIN-LLC   CR2E101 (1/07)

City & State *Melbourne, FL 32934*	City & State *Melbourne, FL 32934*	**4.** FEI Number 61-1527489	Applied For
			Not Applicable
Zip *32934*	Country *USA*	Zip *32934*	Country *USA*	**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
O'DELL, WILLIAM J 1441 CIBOLA DRIVE MELBOURNE, FL 32934	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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	MGR	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	O'DELL, WILLIAM J		NAME		700139093497		
STREET ADDRESS	1441 CIBOLA DRIVE		STREET ADDRESS		12/17/08--01019--005 **138.75		
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME		700139093497		
STREET ADDRESS			STREET ADDRESS		12/17/08--01019--006 **5.00		
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	REINSTATEMENT	☐ Delete	TITLE	*2008 without Penalty*		☐ Change	☐ Addition
NAME			NAME	*wp 12/24*			
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-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.

SIGNATURE: *William J. O'Dell*   *12/13/8*   321-693-2100

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