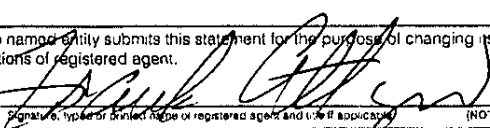
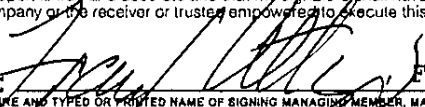


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

09 JUL 28 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000058203			
1. Entity Name JUDSKI ENTERPRISES II, LLC			
Principal Place of Business 15 ARBOR CLUB DRIVE #105 PONTE VEDRA BEACH, FL 32082		Mailing Address 15 ARBOR CLUB DRIVE #105 PONTE VEDRA BEACH, FL 32082	
2. Principal Place of Business - No P.O. Box # 105 Cannon Court W.		3. Mailing Address 105 Cannon Court W.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ponte Vedra Beach, FL		City & State Ponte Vedra Beach, FL	
Zip 32082	Country	Zip 32082	Country
6. Name and Address of Current Registered Agent WELCH, AMANDA L 15 ARBOR CLUB DRIVE #105 PONTE VEDRA BEACH, FL 32082		7. Name and Address of New Registered Agent Name Frank Attinger Street Address (P.O. Box Number is Not Acceptable) 105 Cannon Court W. City Ponte Vedra Beach, FL Zip Code 32082	
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 7/15/09 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$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 WELCH, JUDY M 15 ARBOR CLUB DRIVE, #105 PONTE VEDRA BEACH, FL 32082 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Frank Attinger 105 Cannon Court W. Ponte Vedra Beach, Florida 32082 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600158829666 07/23/09--01004--006 **565.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	282.50 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2008-2009 C/S ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT Without Penalty ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	up 7/28 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:  Frank Attinger		(904) 280-1904	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 7/15/09 Daytime Phone #	