

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000059582					
1. Entity Name ISOC OCALA LLC					
Principal Place of Business 2605 SW 33RD STREET, BLDG. 200 OCALA, FL 34474			Mailing Address P.O. BOX 2495 OCALA, FL 34478		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	10242008 REIN-LLC CR2E101 (1/07)	
4. FEI Number 26-3614384				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KIRKPATRICK, KENNETH B 2605 SW 33RD STREET, BLDG. 200 OCALA, FL 34474			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 KIRKPATRICK, KENNETH B 2605 SW 33RD STREET, BLDG. 200 OCALA, FL 34474	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIXON, WESLEY E 2605 SW 33RD STREET, BLDG. 200 OCALA, FL 34474	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIXON, WESLEY E 2605 SW 33RD STREET, BLDG. 200 OCALA, FL 34474	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIXON, WESLEY E 2605 SW 33RD STREET, BLDG. 200 OCALA, FL 34474	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIXON, WESLEY E 2605 SW 33RD STREET, BLDG. 200 OCALA, FL 34474	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIXON, WESLEY E 2605 SW 33RD STREET, BLDG. 200 OCALA, FL 34474	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIXON, WESLEY E 2605 SW 33RD STREET, BLDG. 200 OCALA, FL 34474	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIXON, WESLEY E 2605 SW 33RD STREET, BLDG. 200 OCALA, FL 34474	<input type="checkbox"/> Delete			
REINSTATEMENT 2008			400137422484 10/29/08--01024--002 **138.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS 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: _____ Ken Kirkpatrick 10/28/08 352-620-2510 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					