2009 LIMITED LIABILITY COMPANY REINSTATEMENT

15356 OAKLAND AVENUE	D9 Mailing Address 15356 QAKLAND AVENUE WINTER GARDEN, FL 347	P.O. BOX 76	O9 SEC	JUN 30 AM PRETARY OF A	ID: 24	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address P.O. Box 5		34760				
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State			06222009 4. FEI Numb	REIN-LLC er	CR2E101 (1/07)	plied For
Zip Country	OAKIAND, FL.		5. Certificate	of Status Desired	□ \$5.00 Add	
6. Name and Address of Current Reg	34760	<u>usa</u>	7. Name and	Address of New R	Fee Require	d
VERCHER, CAMELLA 15356 OAKLAND AVENUE WINTER GARDEN, FL 34787 City			(P.O. Box Numb	er is Not Acceptable) FL Zip Cod	e
8. The above named entity submits this statement for the	nurpose of changing its rec	nistered office or registe	red agent, or bo	oth, in the State of Flo		and accept
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 reinetating) DATE						
FILE NOWIII FEE IS \$277.50 In accordance with s. 607.193(2)(b), F.S., the flability company did not receive the prior not receive t			ne limited stice.		check payable to Department of Stat	•
9. MANAGING MEMBERS/	MANAGERS	10.		ADDITIONS/	CHANGES	
TITLE MGRM NAME VERCHER, CAMELLA STREET ADDRESS P.O. BOX 769 CITY-ST-ZIP OAKLAND, FL 34760	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	90 06/30	0 01580 //0901046-	□ Change 14509 -005 **277.	Addition
TITLE MGRM NAME STEWART, KRISTINE STREET ADDRESS 1224 SHORECREST CIRCLE CITY-ST-ZIP CLERMONT, FL 34711	☐ 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 HAME STREET ADDRESS CITY-ST-ZIP TREINSTAI 08,	EIV Delege VI	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
11. I hereby certify that the information supplied with this filling 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: CANCETTA VERCHER 6-22-09 407-654-6840 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER MANAGER, OR AUTHORIZED REPRESENTATIVE Date Deptime Priors &						