

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000071912 1. Entity Name SOUTHERN TREE & OUTDOORS LLC		 <div style="text-align: right;"> FILED 09 JUN 16 PM 4: 15 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 1554 GRANDE MAGNOLIA COURT TALLAHASSEE, FL 32310		Mailing Address 1554 GRANDE MAGNOLIA COURT TALLAHASSEE, FL 32310	
2. Principal Place of Business - No P.O. Box # 1695 Council Wade Rd Suite, Apt. #, etc.		3. Mailing Address 1695 Council Wade Rd Suite, Apt. #, etc.	
City & State Tallahassee, FL Zip 32310		City & State Tallahassee, FL Zip 32310	
Country USA		Country USA	
4. FEI Number 26-0538617		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 BENFIELD, RON 58 SIOUX CIRCLE HAVANA, FL 32333		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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 MGRM NAME WADE, JESSE STREET ADDRESS 1554 GRANDE MAGNOLIA COURT CITY-ST-ZIP TALLAHASSEE, FL 32310	<input checked="" type="checkbox"/> Delete	TITLE MGRM NAME Joe Wade STREET ADDRESS 1695 Council Wade Rd CITY-ST-ZIP Tallahassee, FL 32310	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE MGRM NAME Sandi Wade STREET ADDRESS 1695 Council Wade Rd CITY-ST-ZIP Tallahassee, FL 32310	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REINSTATEMENT 2008-2009			
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: <u>Joe Wade</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>6/16/09</u> Daytime Phone # _____	