2008 LIMITED LIABILITY COMPANY REINSTATEMENT

HILELI CHETARY OF STATE WISION OF CORPORATIONS DOCUMENT # L07000072499 08 NOV 12 PM 2: 23 SYNÉRGY SCREENPRINTING LLC Principal Place of Business Mailing Address 490 NORTH ST 490 NORTH ST **STE 116 STE 116** LONGWOOD, FL 32750 LONGWOOD, FL 32750 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 11032008 REIN-LLC CR2E101 (1/07) City & State Applied For City & State 4. FEI Number Not Applicable Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIS, KAREN Street Address (P.O. Box Number is Not Acceptable) 2872 OLD KERRY CT OVIEDO, FL 32765 City Zip Code 8. The above named entity subpairs 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 egistered agen In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOWILL FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE **MGRM** ☐ Delete TITLE Change Addition DAVIS, KAREN NAME 2872 OLD KERRY CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32765 CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME 900137739179 11/07/08--01829--001 **13 STREET ADDRESS STREET ADDRESS **138.75 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADORESS 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 of the receiver or trusted expowered to execute this report as required by Chapter 608, Florida Statutes.

IG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE