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08/21/08 90020 030

## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 FEB 20 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11132008 REIN-LLC CR2E101 (1/07)

4. FEI Number **32-0224402** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

### 6. Name and Address of Current Registered Agent

OSWALD & OSWALD, P.L.  
ATTN: DOUGLAS W. OSWALD  
222 S. WESTMONTE DRIVE, SUITE 210  
ALTAMONTE SPRINGS, FL 32714

### 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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/20/09**

**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

TITLE **MGR** ☐ Delete  
NAME **MIRIZIO, LISA**  
STREET ADDRESS **1929 LAKESHORE DRIVE**  
CITY-ST-ZIP **MT. DORA, FL 32757**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

### 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME **900144361679**  
STREET ADDRESS **02/25/09--01005--002 \*\*143.75**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **08-09**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **CL**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **11/17/08** Daytime Phone # **352 383-2960**