


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

| | |
|---------------------------------|---|
| DOCUMENT # L07000081410 |  |
| 1. Entity Name MIBROOKS, LLC | |

| | |
|---|--|
| Principal Place of Business 134 QUARTON DRIVE ORANGE PARK, FL 32073 | Mailing Address PO BOX 864 ORANGE PARK, FL 32073 |
|---|--|

FILED
08 DEC 31 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # 410-9 BLANDING BLVD Suite, Apt. #, etc. #233 City & State ORANGE PARK FL Zip 32073 Country FL | 3. Mailing Address 410-9 BLANDING BLVD Suite, Apt. #, etc. #233 City & State ORANGE PARK FL Zip 32073 Country CLAY |
|---|---|



12162008 REIN-LLC CR2E101 (1/07)

| | |
|--|-------------------------------|
| 4. FEI Number 26-0680035 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KRUMBACH, BROOKS R 134 QUARTON DRIVE ORANGE PARK, FL 32073 | |
| 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 Brooks R Krumbach DATE 12/28/08

(NOTE: Registered Agent signature required when reinstating)

| | | |
|--|--|--|
| 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 KRUMBACH, BROOKS R 134 QUARTON DRIVE ORANGE PARK, FL 32073 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Addition 200139404972 12/31/08 01073 001 ***138.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JACKSON, ERNIE T 3937 HEAVENSIDE COURT ORANGE PARK, FL 32073 <input checked="" 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | REINSTATEMENT <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 |

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: Brooks R Krumbach DATE 12/28/08 DAYTIME PHONE # 904 051 4568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE