2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# L07000101184

Entity Name: KING PIN GROUP, LLC

Current Principal Place of Business:

2021 SUMMER HILL DRIVE
ZEPHYRHILLS, FL 33542 US

New Principal Place of Business:

5021 SUMMER HILL DRIVE
ZEPHYRHILLS, FL 33542 US

Current Mailing Address:

2021 SUMMER HILL DRIVE
ZEPHYRHILLS, FL 33542 US

New Mailing Address:

5021 SUMMER HILL DRIVE
ZEPHYRHILLS, FL 33542 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CHRISTOPHER, BRUCE E
2021 SUMMER HILL DRIVE
ZEPHYRHILLS, FL 33542 US

Name and Address of New Registered Agent:

CHRISTOPHER, BRUCE E
5021 SUMMER HILL DRIVE
ZEPHYRHILLS, FL 33542 US

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.

SIGNATURE: BRUCE E. CHRISTOPHER 01/09/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CHRISTOPHER, BRUCE E
Address: 2021 SUMMER HILL DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33542 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CHRISTOPHER, BRUCE E
Address: 5021 SUMMER HILL DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33542 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRUCE E. CHRISTOPHER MGRM 01/09/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date