

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000101595

FILED  
Dec 24, 2008  
Secretary of State

Entity Name: MARTISTIC EXPRESSIONS, LLC

**Current Principal Place of Business:**

984 BEAVER CREEK WAY  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

984 BEAVER CREEK WAY  
TALLAHASSEE, FL 32301

**New Mailing Address:**

FEI Number: 26-1178166

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

REESE, MARTIN  
984 BEAVER CREEK WAY  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: MARTIN REESE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: REESE, MARTIN  
Address: 984 BEAVER CREEK WAY  
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM ( ) Delete  
Name: BLACKWOOD, JEREMANE  
Address: 984 BEAVER CREEK WAY  
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM (X) Delete  
Name: LAMY, SHINGTON  
Address: 2750 OLD ST. AUGUSTINE APT D-40  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARTIN REESE

MGRM

12/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date