2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000102040

Entity Name: FAB 15 ENTERPRISES, LLC

FILED Oct 11, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1631 26TH AVE SOUTH ST. PETERSBURG, FL 33712

Current Mailing Address: New Mailing Address:

C/O HOLLEY R. JONES PO BOX 530305 ST PETERSBURG, FL 33747

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

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

FORSTON, KIOSHA 4575 DESLIN DRIVE

TALLAHASSEE, FL 32305 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: HOLLEY R JONES

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR

Name: JONES, HOLLEY R

Address: PO BOX 530305, C/O HOLLEY R. JONES

City-St-Zip: ST PETERSBURG, FL 33747

Title: MGR

Name: JONES, GREGORY

Address: C/O HOLLEY R. JONES, PO BOX 530305

City-St-Zip: ST PETERSBURG, FL 33474

Title: MGRM

Name: WOODY, NICCOLE

Address: C/O HOLLEY R. JONES, PO BOX 530305

City-St-Zip: ST. PETERSBURG, FL 33474

Title: MGRM

Name: FORSTON, KIOSHA

Address: C/O HOLLEY R. JONES, PO BOX 530305

City-St-Zip: ST. PETERSBURG, FL 33474

Title: MGRM

Name: GILBERT, BRENDA

Address: C/O HOLLEY R. JONES PO BOX 530305

City-St-Zip: ST. PETERSBURG, FL 33474

Title: MGRM

Name: JONES, DELBERT

Address: C/O HOLLEY R. JONES, PO BOC 530305

City-St-Zip: ST. PETERSBURG, FL 33474

I hereby 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 Statues.

SIGNATURE: HOLLEY R JONES MGR 10/11/2010

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