


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000125939	
1. Entity Name CHASTAIN FAMILY, LLC	

Principal Place of Business 37180 WASHINGTON LOOP RD PUNTA GORDA, FL 33982	Mailing Address 37180 WASHINGTON LOOP RD PUNTA GORDA, FL 33982
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
08 DEC -9 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10272008 REIN-LLC CR2E101 (1/07)

4. FEI Number 26-1973037	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 CAKS, DAVID K ESQ 407 E MARION AVE STE 101 PUNTA GORDA, FL 33950 <i>DELETE</i>	
7. Name and Address of New Registered Agent Name THOMAS CHASTAIN Street Address (P.O. Box Number is Not Acceptable) 37180 WASHINGTON LOOP RD City PUNTA GORDA FL Zip Code 33982	

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 *Thomas J Chastain* DATE 12-04-2008
Signature, typed or printed name of registered agent and title if applicable. (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHASTAIN, THOMAS J SR 37180 WASHINGTON LOOP RD PUNTA GORDA, FL 33982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000137425070 10/29/08--01030--002 **138.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHASTAIN, MARY 37180 WASHINGTON LOOP RD PUNTA GORDA, FL 33982 <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	<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	<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: <i>Mary Chastain</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	<i>Mary Chastain</i> Date	10-27-08 941-6396861 Daytime Phone #
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2008

CHASTAIN FAMILY LLC
37180 WASHINGTON LOOP RD.
PUNTA GORDA, FL 33982

SUBJECT: CHASTAIN FAMILY, LLC
Ref. Number: L07000125939

We have received your document for CHASTAIN FAMILY, LLC and your check(s) totaling \$138.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 408A00056275