2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000045480

Entity Name: THE SMOKIN BARRELLS GUNS, LLC

FILED Sep 29, 2009 Secretary of State

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

1900 LAND O LAKES BLVD. 1635 DALE MABRY HWY.

117

LUTZ, FL 33549 LUTZ, FL 33548

Current Mailing Address: New Mailing Address:

1900 LAND O LAKES BLVD. 1635 DALE MABRY HWY.

LUTZ, FL 33549 LUTZ. FL 33548

FEI Number: 26-1552777 FEI Number Applied For () FEI Number Not Applicable ()

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: Name and Address of New Registered Agent:

PERRY, JASON W PERRY, JASON W 16705 LÍVINGSTON AVE 1635 DALE MABRY HWY LUTZ, FL 33559 LUTZ, FL 33548 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: JASON PERRY 09/29/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: (X) Change () Addition () Delete PERRY, HEATHER N PERRY, HEATHER N OWNER Name: Name: Address: 16705 LIVINSTON AVE Address: 1635 DALE MABRY HWY LUTZ, FL 33559 US City-St-Zip: City-St-Zip: LUTZ, FL 33548 US

Title: Title: () Change (X) Addition () Delete Name: Name: PERRY, JASON W OWNER Address: Address: 1635 DALE MABRY HWY City-St-Zip: City-St-Zip: LUTZ, FL 33548

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: JASON PERRY 09/29/2009