2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 29, 2009
Secretary of State

DOCUMENT# L08000106147

Entity Name: THOMPSON HERITAGE, LLC

Current Principal Place of Business:

9207 COBB ROAD
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

9207 COBB ROAD
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: 27-1190553 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

THOMPSON, MAURICE L JR.
9207 COBB ROAD
RIVERVIEW, FL 33569 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: MAURICE L THOMPSON JR

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: OWNR ( ) Change (X) Addition
Name: THOMPSON, ANNA C MRS
Address: 3506 METEOR PL
City-St-Zip: VALRICO, FL 33594

Title: MGR ( ) Change (X) Addition
Name: THOMPSON, MAURICE L JR
Address: 9207 COBB RD
City-St-Zip: RIVERVIEW, FL 33578

Title: MGR ( ) Change (X) Addition
Name: CRAWFORD, OLIVE M MS
Address: 617 4TH ST
City-St-Zip: VALRICO, FL 33594

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: MAURICE L THOMPSON JR MGR 10/29/2009

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