2014 LIMITED LIABILITY COMPANY REINSTATEMENT

The state of the s DOCUMENT # L09000096844 WEATHERBEE CONSTRUCTION DEVELOPMENT LLC 14 OCT -3 AM 3: 28 Principal Place of Business Mailing Address 1950 LEE ROAD, 100A 1950 LEE ROAD, 100A WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 09302014 REIN-LLC CR2E101 (12/11) City & State City & State 4. FEI Number Applied For 32-0291786 Not Applicable Zip Country Zip Country \$5.00 Additional 6. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Roosevelt JR Norton NORTON, ROOSEVELT Street Address (P.O. Box Number is Not Acceptable) 1950 LEE ROAD, 100A WINTER PARK, FL 32789 5137 Laval Orive 型 Cog 39 8. The above named entity submits that 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 so INOTE: Denistand Arent signature maying when minutation Make check payable to FILE NOWILL FEE IS \$238.75 After January 1, 2015, Fee will be \$377.50 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR MGR Delete TITLE Change Addition Roosevelt JR Norton 5137 Laval Orive orlando 32839 NORTON, ROOSEVELT JR NAME NAME STREET ADDRESS 1950 LEE ROAD, 100A STREET ADORESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE MGRM Change Addition GREEN, MELODY NAME NAME Melody Gree STREET ADDRESS 1950 LEE ROAD, 100A STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP Drive Orla TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 400265009554 10/03/14--01002--004 **23 NAME STREET ADORESS STREET ADDRESS **238.75 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CCI 3 - ZixiMange Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS M. WILLIAMS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 appurate 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 processor or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. indicated on this report is true and limited liability company or the SIGNATURE: weatherbeeincovahoo.com 10/3/14

SIGNATURE AND TYPER OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE