2012 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED DOCUMENT # L10000076273 12 FEB +3 PM 12: 37 PHILLIP SPENCER FAMILY PARTNERS LLC ស្តី អ៊ុ ស្រីស្ន ALLAH GREET OF THE SHEET Principal Place of Business Mailing Address 02/03/12--01025--005 **377.50 725 E. TENNESSEE STREET PO BOX 576 TALLAHASSEE, FL 32326 CRAWFORDVILLE, FL 32326 700220399897 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02032012 REIN-LLC CR2E101 (12/11) City & State City & State 4. FEI Number Applied For Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPENCER, PHILLIP 725 E. TENNESSEE STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32326 Zıp Code FL 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. (am familiar with, and accept the obligations of registered agent (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to FILE NOW!!! FEE IS \$377.50 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE Addition TITI F Change ☐ Delete NAME SPENCER, PHILLIP NAME 725 E. TENNESSEE STREET STREET ADDRESS STREET ADDRESS City-St-ZiP TALLAHASSEE, FL 32326 CITY- ST- ZIP TITLE Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY, ST. ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY- ST- ZIP REINSTATEME TITLE TITLE Change Addition NAME NAME 2011-2012 DB STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ACCIDENS CITY- ST- ZIP CITY- ST- ZIP TITLE ☐ Delete TITLE Change 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.

NAME

STREET ADDRESS CITY+ ST- ZIP

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

NAME

STREET ADDRESS

SIGNATURE:

E-MAIL ADDRESS