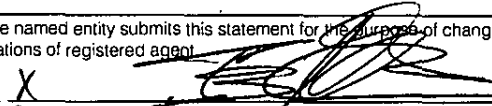
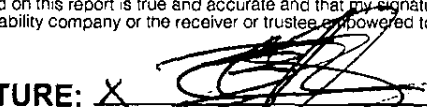


2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L10000095760						FILED 11 DEC 28 AM 9:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name EAGLES US HOLDINGS LLC				Principal Place of Business 3678 MOUNT PLEASANT ROAD QUINCY, FL 32352			
2. Principal Place of Business - No P.O. Box #				Mailing Address 3678 MOUNT PLEASANT ROAD QUINCY, FL 32352			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent MONGE, EDWIN III 3678 MOUNT PLEASANT ROAD QUINCY, FL 32352				7. Name and Address of New Registered Agent Name <u>Juan Benitez</u> Street Address (P.O. Box Number is Not Acceptable) <u>3678 MT Pleasant Rd</u> City <u>Quincy</u> FL Zip Code <u>32352</u>			
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 <u></u> (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$238.75 After January 1, 2012, Fee will be \$377.50				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONGE, EDWIN III 17819 MERRIDY STREET APT 335 NORTHRIDGE, CA 91325 <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	MGRM BENITEZ, JUAN 3678 MOUNT PLEASANT ROAD QUINCY, FL 32352 <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		
REINSTATEMENT <u>2011 DBR</u>				000215577720 12/28/11--01002--008 **238.75			
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: <u></u>							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							
Date _____ Daytime Phone # _____							