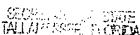
2013 LIMITED LIABILITY COMPANY REINSTATEMENT



13 SE# 30 5H ID: 29



D	DCUMENT	# L	12000	J007	575
1. E	ntity Name				
ER	IIC SNOVER PI	LUME	BING L.I	L.C.	



SECRETAL DESCRIPTION OF THE PARTY OF THE PAR Principal Place of Business Mailing Address 1916 E. NELSON CIRCLE 1916 E. NELSON CIRCLE REIN. TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 2. Principal Place of Business - No P.O Box# 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09302013 REIN-LLC CR2E101 (12/11) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip 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 SNOVER, ERIC 1916 E. NELSON CIRCLE Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32303 Zip Code City FL 8. The above named entity submit 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 obtigations of registered ac SIGNATURE SIGNATURE registered agent and title if applicable. DATE Make check payable to FILE NOW!!! FEE IS \$238.75 After January 1, 2014, Fee will be \$377.50 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9 10. MGRM TITLE Addition Delete TITLE SNOVER, ERIC NAME NAME 600252191426 09/30/13--01017--005 **25 STREET ADDRESS 1916 E. NELSON CIRCLE STREET ADORESS CITY+ ST- ZIP TALLAHASSEE, FL 32303 CITY-ST-ZIP **238.75 TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY- ST- ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY- ST- ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP SEP 3 0 2013 TITLE ☐ Delete TITLE ☐ Change Addition

11. I hereby certify that the information supplied with his 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

NAME

STREET ADDRESS

CITY-ST-ZIF

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

E-MAIL ADDRESS

S. PRATHER