


2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L12000014778 1. Entity Name PENN'S SPECIALTY SERVICES LLC	
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FILED
 13 JAN -7 AM 8:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 271 SIOUX CIR. HAVANA, FL 32333	Mailing Address 271 SIOUX CIR. HAVANA, FL 32333
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address - <i>NW</i> <i>7173 NW Joe Red Shuler Rd.</i> Suite, Apt. #, etc.
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01072014 REIN-LLC CR2E101 (12/11)

City & State Bristol FL	City & State Bristol FL	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip 32321	Country Liberty	Zip 32321	Country Liberty	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent L B K ACCOUNTING SERVICES LLC 58 SIOUX CIR. HAVANA, FL 32333	7. Name and Address of New Registered Agent Name: <i>Harold Penn</i> Street Address (P.O. Box Number is Not Acceptable): <i>7173 NW Joe Red Shuler Rd</i> City: <i>Bristol</i> FL Zip Code: <i>32333</i>
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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: *Harold Penn* (NOTE: Registered Agent signature required when reinstating) DATE: *1/7/14*

FILE NOW!!! FEE IS \$238.75
 After January 1, 2014, Fee will be \$377.50

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM PENN, HAROLD <input type="checkbox"/> Delete	TITLE	7173 NW Joe Red <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENN, HAROLD	NAME	SHULER Rd
STREET ADDRESS	271 SIOUX CIR.	STREET ADDRESS	Bristol FL 32321
CITY-ST-ZIP	HAVANA, FL 32333	CITY-ST-ZIP	Bristol FL 32321
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, JUDY	NAME	change
STREET ADDRESS	271 SIOUX CIR.	STREET ADDRESS	
CITY-ST-ZIP	HAVANA, FL 32333	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	700255356787
STREET ADDRESS		STREET ADDRESS	01/07/14--01012--007 **\$377.50
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		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 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: *Harold Penn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS