2014 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE: _______

REINSTATEINENT					_	in line	. Inni	
DOCUMENT # L12000111935 1. Entity Name MOONSTONE ENTERPRISES, L.L.C.						14 SEP 29	يعترون والانتان	
Principal Place	e of Business	Mailing Address				SECA TALLA ASSET	F FI CRIDA	
•						19 Hand of Marie Contract	Ministra I Salva	
4445 HOLLY CIRCLE 4445 HOLLY CIRCLE								
QUINCY, FL 32351 QUINCY, FL 32351						(M2 11	. (2 88 4) (4 8 1) (414) (414) (41	188((18 2)
Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09292014	REIN-LLC	CR2E101 (12/11))	
City & State		City & State		4. EEI Numb	771949	<i>1</i>	plied For t Applicable	
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired	□ \$5.00 Addi Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and	d Address of New Re	gistered Agent	
				Name				
WHITLOCK, WILLIAM 910 NORTH DUVAL				Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE, FL 32301				<u></u>	,			
				City			FL Zip Code	•
8. The above	named entity submits this statement for	r the purpose of changing its	register	ed office or register	ed agent, or bo	th, in the State of Flori	da. I am familiar with,	and accept
the obligati	ions of registered agent.	1.	_	_		21		
	Augela IVIa	/	-			91	09/14	
SIGNATURE THOUGH AUTHOR Signature, type of or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
						<u> </u>		;
FILE NOW!!! FEE IS \$238.75 After January 1, 2015, Fee will be \$377.50						Maka	shook payable to	
					!		check payable to Department of State	Ð
After Janu	iary 1, 2015, Fee will be \$377.50		10.		!	Florida	Department of State	Đ
After Janu 9.	MANAGING MEMBE	RS/MANAGERS	10.				Department of State	
After Janu 9. πιε	MANAGING MEMBE		тпц			Florida	Department of State	e Addition
9. TITLE NAME	MARTIN, ANGELA	RS/MANAGERS	TITLE	E		Florida	Department of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MARTIN, ANGELA 340 KITTS LANE	RS/MANAGERS	TITLE NAM STRE	E ET ADDRESS		Florida	Department of State	
9. TITLE NAME	MARTIN, ANGELA	RS/MANAGERS	TITLE NAM STRE	E		Florida	Department of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MARTIN, ANGELA 340 KITTS LANE	RS/MANAGERS	TITLE NAM STRE	E ET ADDRESS - ST- ZIP		Florida	Department of State	
9. TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGING MEMBE MARTIN, ANGELA 340 KITTS LANE	RS/MANAGERS Delete	TITU NAM STRE CITY	E ET ADDRESS - ST- ZIP		Florida ADDITIONS/C	Department of State HANGES Change	Addition
9. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE	MANAGING MEMBE MARTIN, ANGELA 340 KITTS LANE	RS/MANAGERS Delete	TITLE NAM STRE CITY TITLE	E ET ADDRESS - ST- ZIP	C 09/2	Florida ADDITIONS/C	Department of State HANGES Change	Addition
9. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	MANAGING MEMBE MARTIN, ANGELA 340 KITTS LANE	RS/MANAGERS Delete	TITLE NAME STREE CITY TITLE NAME STREE	E IET ADDRESS - ST- ZIP	C 09/3	Florida ADDITIONS/C	Department of State HANGES Change	Addition
9. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGING MEMBE MARTIN, ANGELA 340 KITTS LANE	RS/MANAGERS Delete Delete	TITLE NAM STRE CITY TITLE NAM STRE	E ET ADDRESS - ST- ZIP E E ET ADDRESS - ST- ZIP	C 09/3	Florida ADDITIONS/C	Department of State Change Change Change Change 782530 5-019 **236	Addition Addition
9. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE	MANAGING MEMBE MARTIN, ANGELA 340 KITTS LANE	RS/MANAGERS Delete	TITLL NAMESTREE CITY NAMESTREE CITY	E ET ADDRESS - ST- ZIP E E ET ADDRESS - ST- ZIP :	09/7	Florida ADDITIONS/C	Department of State HANGES Change	Addition
9. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME TITLE NAME NAME	MANAGING MEMBE MARTIN, ANGELA 340 KITTS LANE MIDWAY, FL 32343	RS/MANAGERS Delete Delete	TITLL NAM STRE CITY TITLL NAM STRE CITY TITLL NAM	E ET ADDRESS - ST- ZIP E E ET ADDRESS - ST- ZIP E E ET ADDRESS - ST- ZIP E	09/3	Florida ADDITIONS/C	Department of State Change Change Change Change 782530 5-019 **236	Addition Addition
9. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS	MANAGING MEMBE MARTIN, ANGELA 340 KITTS LANE MIDWAY, FL 32343	RS/MANAGERS Delete Delete	TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE STREE	E ET ADDRESS - ST- ZIP E E ET ADDRESS - ST- ZIP E ET ADDRESS - ST- ZIP E ET ADDRESS	09/3	Florida ADDITIONS/C	Department of State Change Change Change Change 782530 5-019 **236	Addition Addition
9. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGING MEMBE MARTIN, ANGELA 340 KITTS LANE MIDWAY, FL 32343	RS/MANAGERS Delete Delete	TITLL NAM STRE CITY TITLL NAM STRE CITY TITLL NAM STRE CITY	E ET ADDRESS - ST- ZIP E E ET ADDRESS - ST- ZIP E E ET ADDRESS - ST- ZIP E E ET ADDRESS - ST- ZIP	09/3	Florida ADDITIONS/C	Department of State Change Change Change Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE TITLE NAME TREET ADDRESS CITY- ST- ZIP	MANAGING MEMBE MARTIN, ANGELA 340 KITTS LANE MIDWAY, FL 32343	RS/MANAGERS Delete Delete	TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE TITLE TITLE	E ET ADDRESS - ST- ZIP : : : : : : : : : : : : : : : : : : :	09/3	Florida ADDITIONS/C	Department of State Change Change Change Change 782530 5-019 **236	Addition Addition
9. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	MANAGING MEMBE MARTIN, ANGELA 340 KITTS LANE MIDWAY, FL 32343	RS/MANAGERS Delete Delete	TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM	E ET ADDRESS - ST- ZIP E E	09/3	Florida ADDITIONS/C	Department of State Change Change Change Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGING MEMBE MARTIN, ANGELA 340 KITTS LANE MIDWAY, FL 32343	RS/MANAGERS Delete Delete	TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY NAM STRE CITY TITLE NAM STRE STRE	E ET ADDRESS - ST- ZIP : E E ET ADDRESS - ST- ZIP : E E ET ADDRESS - ST- ZIP : E ET ADDRESS - ST- ZIP : E E E ET ADDRESS - ST- ZIP : E E E ET ADDRESS - ST- ZIP : E E E E E E E E E E E E E E E E E E	09/3	Florida ADDITIONS/C	Department of State Change Change Change Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGING MEMBE MARTIN, ANGELA 340 KITTS LANE MIDWAY, FL 32343	RS/MANAGERS Delete Delete Delete	TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY	E ET ADDRESS - ST- ZIP E E ET ADDRESS - ST- ZIP	09/3	Florida ADDITIONS/C	Department of State Change Change Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGING MEMBE MARTIN, ANGELA 340 KITTS LANE MIDWAY, FL 32343	RS/MANAGERS Delete Delete	TITLE NAM STRE CITY	E ET ADDRESS - ST- ZIP E	09/3	Florida ADDITIONS/C	Department of State Change Change Change Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME TITLE NAME NAME	MANAGING MEMBE MARTIN, ANGELA 340 KITTS LANE MIDWAY, FL 32343	RS/MANAGERS Delete Delete Delete	TITLE NAM STREE CITY TITLE NAM STREE CITY TITLE NAM STREE CITY TITLE NAM STREE CITY	E ET ADDRESS - ST- ZIP E E ET ADDRESS	09/3	Florida ADDITIONS/C	Department of State Change Change Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MARTIN, ANGELA 340 KITTS LANE MIDWAY, FL 32343	RS/MANAGERS Delete Delete Delete	TITLE NAM STREE CITY	E ET ADDRESS - ST- ZIP E E ET ADDRESS	09/3	Florida ADDITIONS/C	Department of State Change Change Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME TITLE NAME NAME	MANAGING MEMBE MARTIN, ANGELA 340 KITTS LANE MIDWAY, FL 32343	RS/MANAGERS Delete Delete Delete	TITLE NAM STREE CITY	E ET ADDRESS - ST- ZIP E E ET ADDRESS	09/3	Florida ADDITIONS/C	Department of State Change Change Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MARTIN, ANGELA 340 KITTS LANE MIDWAY, FL 32343	RS/MANAGERS Delete Delete Delete	TITLE NAM STREE CITY	E ET ADDRESS - ST- ZIP E E ET ADDRESS - ST- ZIP	09/3	Florida ADDITIONS/C	Department of State Change Change Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE STREET ADDRESS CITY- ST- ZIP	MANAGING MEMBE MARTIN, ANGELA 340 KITTS LANE MIDWAY, FL 32343	RS/MANAGERS Delete Delete Delete Delete	TITLE NAM STRE CITY	E ET ADDRESS - ST- ZIP E	09/3	Florida ADDITIONS/C	Department of State Change Change Change Change Change	Addition Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGING MEMBE MARTIN, ANGELA 340 KITTS LANE MIDWAY, FL 32343	RS/MANAGERS Delete Delete Delete Delete	TITLE NAME STREE CITY	E ET ADDRESS - ST- ZIP E	09/3	Florida ADDITIONS/C	Department of State Change Change Change Change Change	Addition Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	MANAGING MEMBE MARTIN, ANGELA 340 KITTS LANE MIDWAY, FL 32343	RS/MANAGERS Delete Delete Delete Delete	TITLE NAM STREE CITY	E ET ADDRESS - ST- ZIP E	097;	Florida ADDITIONS/C	Department of State Change Change Change Change Change	Addition Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGING MEMBE MARTIN, ANGELA 340 KITTS LANE MIDWAY, FL 32343	RS/MANAGERS Delete Delete Delete Delete Delete	TITLE NAM STRE CITY	E ET ADDRESS - ST- ZIP E E E ST- ZIP E		Florida ADDITIONS/C	Department of State Change Change Change Change Change	Addition Addition Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME TITLE TITLE NAME TITLE T	MANAGING MEMBE MGRM MARTIN, ANGELA 340 KITTS LANE MIDWAY, FL 32343	RS/MANAGERS Delete Delete Delete Delete Delete	TITLE NAME STREE CITY	E ET ADDRESS - ST- ZIP E E ET ADDRESS - ST- ZIP	in Chapter 11s	ADDITIONS/C	Department of State Change Change Change Change Change Change Change	Addition Addition Addition Addition Addition

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

St alsalus

924/14 adminamoonstanes tadio. 1 "com E-MAIL ADDRESS