2014 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE:



DOCUMENT # L13000013070 14 DEC 30 PH 3: 44 1. Entity Name WE SHOOT L.L.C. SEC.S. TATA Principal Place of Business Mailing Address 445 HOLLY CIRCLE 445 HOLLY CIRCLE QUINCY, FL 32351 QUINCY, FL 32351 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 340 Kitts LANC 340 Kitts Suite, Apt. #, etc. Suite, Apt. #, etc. 12302014 REIN-LLC CR2E101 (12/11) City & State
MidWAY 4. FEI Number Applied For Not Applicable 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 D. MARtin Jr FREDDIE MARTIN, ANGELA Street Address (P.O. Box Number is Not Acceptable) 340 KITTS LANE MIDWAY, FL 32343 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent NOTE: Registered Agent signature required when reinstate Make check payable to FILE NOW!!! FEE IS \$238.75 Florida Department of State After January 1, 2015, Fee will be \$377.50 Je Belle That MANAGING MEMBERS/MANAGERS 10. 9. ADDITIONS/CHANGES MGR MGR Delete TITLE ☑ Change MARTIN FreDDIE D. J. MARTIN, FREDDIE D JR. NAME NAME STREET ADDRESS 445 HOLLY CIRCLE STREET ADDRESS 340 Kitts LANE Midway F1 3843 CITY-ST-ZIP QUINCY, FL 32351 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE NAME ROSS, SHAREED NAME STREET ADDRESS 2524 HASTINGS DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, Fl. 32303 MGRM Change ☐ Delete TITLE Addition TITLE EYLER, MARK NAME NAME **600267873526** 12/31/14--01001--024 **238.75 STREET ADDRESS 2524 HASTINGS DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32303 TITLE ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY+ ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ 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-\$T-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filting 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE

ne plantil

12/30/14 ShitAze 2000@ GMail. COM

E-MAIL ADDRESS