2015 LIMITED LIABILITY COMPANY REINSTATEMENT

	NEINO / ATEMENT									
DOCUMENT # L14000183895							115-7-5			
1. Entity Name							- nu	2. 49		
DON MANAGEMENT, LLC						15	HOV 13 PA	۳. ۳.		
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Principal Place of Business Mailing Address						5	TYNIASSFE.	H OHIO		
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TALLAHASSEE, FL 32309			TALLAHASSEE, FL 32309							
								KEL 11 8 6 1 1 8486 1		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			11132015	REIN-LLC	CR2E	101 (12/11)	
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City & State			City & State			4. FEI Numb	oer .			Applicable
Zip Country			Zip Country		trv				\$5.00 Addit	
→ 'F		.			,	5. Certificate	of Status Desired		Fee Required	Onai
6. Name and Address of Current R			egistered Agent			7. Name and	d Address of New F	Registered /	Agent	
	•				Name					
OSTERBYE, DON					Street Address (P O Boy Numb	ner is Not Accentable	<u> </u>		
4987 GLEN				Street Address (Street Address (P.O. Box Number is Not Acceptable) NOV 1 9 7015					
INLLAHA	33CC, FC	32303				1101 10	2013			
					City	L. SEL	LERS		Zip Code	
					,			FL	<u> </u>	
			the purpose of changing its	register	ed office or register	red agent, or bo	oth, in the State of Fl	orida. I am	familiar with, a	nd accept
the obligations of registered agent										
SIGNATURE	1	15 Ta	Uka Manahanda (NOTE	- Decister	nd Ament signature requi	ired when minutating	a)	DATE		
Signature typed or pritted name of registered agent and the II applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Make check payable to										
		EE IS \$238.75 3, Fee will be \$377.50							ent of State	·
9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES		
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