2005 LIMITED LIABILITY COMPANY REINSTATEMENT

KEINSTATEMENT				- SHA		
1. Entity Nan	MENT # L9700000° EASING, L.C.	1167		TASTCREAM 24 PM	SD 3:06	
Principal Plac	ce of Business	Mailing Address		1 · · · · · · · · · · · · · · · · · · ·	ን -	
	NAL GUARD DR.	4206 NATIONAL GUARI	n n r	1	S. C.	
PLANT CITY,		PLANT CITY, FL 33567		·	4	
			r/\ ,	4 18 PH 971 B 38 1 WHI PW 81 B PH 1 2 B PH 1 B PH 1		
B. Dain sin at F	Name of Business	L O Adelline Address	//) <u> </u>		33	
2. Principal F	Place of Business	3. Mailing Address		1 3 E 3 L 5 9 12 11 12 13 14 15 15 17 17 17 17 17 17	RALIA OLUTUI ULOLE 11638 DIIUK 1850OLI ULE 1851	
Suite, Apt.	# etc	Suite, Apt. #, etc.		┥		
				03022005 REIN-LLC	CR2E101 (6/04)	
City & State		City & State		4. FEI Number	Applied For	
				58-2325023	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	55.00 Additional	
335		33563	ļ	3 Name and Address of Name Da	Fee Required	
6. Name and Address of Current Registered Agent Name				7. Name and Address of New Re	gistered Agent	
COOK, BEN D				Coton, Daniel M.		
4206 NATIONAL GUARD DRIVE			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
PLANT CITY, FL 33567						
				North Collins Stree		
			City	t_City	FL Zip Code 33566	
8. The above	named entity submits this statement (or the purpose of changing its	registered office or register	ered agent, or both, in the State of Flori		
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 Daniel M. Coton 3/18/05						
SIGNATORE	Signature Ayped or printed name of registered agen	and side if applicable. (NOTI	E: Registered Agent algosture requ		DATE	
FILE NOW!!! FEE IS \$100.00 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to Florida Department of State						
9.	MANAGING MEMB	ERS/MANAGERS	10.	ADDITIONS/C	CHANGES	
·TITLE	MGR ·	· Delete	TITLE		☐ Change ☐ Addition	
NAME	COOK, BEN D		NAME			
STREET ADORESS CITY-ST-ZIP	4206 NATIONAL GUARD DR.		STREET ADORESS CITY-ST-ZIP			
	PLANT CITY, FL 33567					
TITLE NAME	İ	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADORESS		į	
CITY - ST - ZiP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME		mar Bar d'Bar	INME I SHAF	NT 2004-201	ا -ح(
STREET ADDRESS		1171146		111 200	つ	
CITY-ST-ZIP			CITY+ST-ZIP			
TITLE		☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	100/		
CITY-ST-ZIP			CITY-ST-ZIP	(V)(]		
TITLE		☐ Delete	TITLE	1 ' 7	Change Addition	
NAME		L Dolli	NAME	\		
STREET ADORESS			STREET ADDRESS	70004936 03/29/0501054	023 **100.00	
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		Delete	TITLE		Change Addition	
NAME		•	NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
			■ CHT-31-4P			
		N d 2 - 89				
11. I hereby indicated] certify that the information supplied will I on this report is true and accurate an	d that my signature shall have:	the exemption stated in S the same legal effect as if	made under oath; that I am a managii	urther certify that the information ng member or manager of the	
11. I hereby indicated	certify that the information supplied will on this report is true and accurate an ability company or the receiver or trusts	d that my signature shall have:	the exemption stated in S the same legal effect as if	made under oath; that I am a managii	urther certify that the information ng member or manager of the	
11. I hereby indicated limited lia	on this report is true and accurate and ability company or the receiver or trusted	d that my signature shall have be empowered to execute this	the exemption stated in S the same legal effect as if report as required by Cha	made under oath; that I am a managii pter 608, Florida Statutes.	ng member or manager of the	
11. I hereby indicated	on this report is true and accurate and ability company or the receiver or trusted	d that my signature shall have be empowered to execute this	the exemption stated in S the same legal effect as if report as required by Cha	made under oath; that I am a managii pter 608, Florida Statutes. 3/21/05	urther certify that the information and member or manager of the 813/719-1203	

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