

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

| | |
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| DOCUMENT # L99000007518 1. Entity Name ALS, LLC |  |
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FILED

08 NOV 26 PM 12:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

| | |
|--|---|
| Principal Place of Business 1964 HOWELL BRANCH ROAD SUITE 205 WINTER PARK, FL 32792 | Mailing Address P.O. BOX 1072 ORLANDO, FL 32801 |
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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

11112008 REIN-LLC CR2E101 (1/07)

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| 4. FEI Number 59-3642666 | Applied For <input type="checkbox"/> Not Applicable |
| 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 O'DONNELL, MICHAEL J 530 E. CENTRAL BLVD. UNIT# 1901 ORLANDO, FL 32801 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50 | 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 |
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| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|------------------------------|--------------------------------------|--|-----------------------|---|--|
| TITLE | MGRM <input type="checkbox"/> Delete | | TITLE | 400138234 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | O'DONNELL, MICHAEL J | | NAME | 11/24/08--01051--003 *#138.75 | |
| STREET ADDRESS | 530 E. CENTRAL BLVD. UNIT 1901 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO, FL 32801 | | 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 | | |
| 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 | | |

REINSTATEMENT

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

Date _____ Daytime Phone # _____