2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M00000002267

SECRETARY OF STATE DIVISION OF CORPORATIONS

1. Entity Name VBJ INVESTMENTS, LLC					M 80	AY 23 AH	9: 22			
Principal Place of Business 825 SUNSHINE LANE ALTAMONTE SPRINGS, FL 32714		Mailing Address 825 SUNSHINE LANE ALTAMONTE SPRINGS, FL 32714			61 10	a rm et ist et ik as ik ss rii	F3 F1 4 B13		El III 18E1	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01082008	REIN-LLC	CR2E101	1 (1/07)		
City & State		City & State			4. FEI Number 59-3647186				Applicable	
Zip	Country	Zɨp	Country		5. Certificate o	f Status Desired		.00 Addi		
	6. Name and Address of Current R	legistered Agent			7. Name and	Address of New Ro	egistered Age	int		
O'DONNELL, JOHN				Name						
825 SUNS	HINE LANE ITE SPRINGS, FL 32714	Street Address			(P.O. Box Number is Not Acceptable)					
			City			FL Zip Code				
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$277.50 In accordance with s. 607.1				, F.Sthe prior notic	limited æ.		check paya Department			
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE NAME	MGRM O'DONNELL, JOHN	☐ Delete	TITLE NAME						Addition	
STREET ADDRESS	825 SUNSHINE LANE STRE				ന്ന	m 1 7 0 0	יילי ביי ביי	on		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 327		CITY-ST-ZIP	-	<u>05/19</u> /	101296 70801004	004 -	₩#277.	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	O'DONNELL, VICTORIA 825 SUNSHINE LANE ALTAMONTE SPRINGS, FL 327	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		22, 22,] Cuange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP				[] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO 17	CINS	TATE	ME	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	W	JP C) Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	: TITLE NAME STREET ADDRESS : CITY-ST-ZIP					Change	☐ Addition	
11. I hereby certify that the information supplied with this filling those 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, NANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone #										