

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 NOV -2 PM 3:54

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



10212004 REIN-LLC CR2E101 (6/04)

4. FEI Number **31-1699303** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
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 \$50.00
After January 1, 2005, Fee will be \$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 MEMBERS/MANAGERS

TITLE **P** ☐ Delete
NAME **DANIEL LEE BAKER**
STREET ADDRESS **5855 OAKRIDGE ROAD**
CITY-ST-ZIP **HAMILTON, OH 45011**

TITLE **CO** ☐ Delete
NAME **DENNIS WAYNE PHILLIPS**
STREET ADDRESS **7253 BIGGER LANE**
CITY-ST-ZIP **CENTERVILLE, OH 45459**

TITLE **ST** ☐ Delete
NAME **LOUIS JOHN SCHWARTZ**
STREET ADDRESS **7993 BLAIRHOUSE**
CITY-ST-ZIP **CINCINNATI, OH 45244**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME **800042400548**
STREET ADDRESS **11/02/04--01049--015 **50.00**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

REINSTATEMENT

04

12/26/04