2004 LIMITED. LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M0300003078 1. Entity Name MOHR INFORMATION SERVICES, LLC							FILEU 2004 NOV -2 PM 3: 54 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA				
Principal Place 47 SOUTH CA WINCHESTER,	MERON ST	REET	Mailing Address 47 SOUTH CAMERON STREET WINCHESTER, VA 22601			11 611(88) (11)				
2. Principal Pl	ace of Busin	ock Street	3. Mailing Address Po Box 3/85								
Suite, Apt.			Suite, Apt. #, etc.			10252004	REIN-LLC	CR2E	101 (6/04)		
City & State	ter 1	/A	City & State Winchester VA				4. FEI Number 54-178				plied For Applicable
2ip 22601	Country USA		Zip Coun 22604 W.S		ntry S-A			of Status Desired		\$5.00 Addi Fee Required	itional
	6. Name	and Address of Current R	legistered Agent		Name		7. Name and	Address of New	Registered A	lgent	
	TH LOMB	ARDO AVENUE				Street Address (P.O. Box Number is Not Acceptable)					
LECANTO,	, FL 3440) (,							
•					City			,	FL	Zip Code)
	named entitions of regist		the purpose of changing its	register	ed office or	registere	ed agent, or bo	th, in the State of F	lorida. I am 1	amiliar with,	and accept
SIGNATURE _	Signature, Veet	or printed name of registered agent ar	Director Indititle il applicable. (NOTI				Roberts ed when reinstating)	±57\	OATE	26 2	-004
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., to liability company did not receive the prior n								2 4 1 in 7	ke check p la Departm		
9.		MANAGING MEMBER		10.		44		ADDITIONS	S/CHANGES		
NAME STREET ADDRESS CITY-ST-ZIP	428 WES	ANN, JAMES W TSIDE STATION DRIVE STER, VA 22601	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		W21.5	cmann South B	James 1000 ch S	W Street	Change	☐ Addition
TITLE	VIIICITE	31LN, VA 22001	□ Delete	TITL		ω	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	0,14 00		☐ Change	Addition
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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: You W MARMANN 10-26-04 664-										540- 644-8	<i>5</i> רר
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylime Priorie #											