



# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 AUG 22 AM 9:58

<b>DOCUMENT # M04000001428</b> 1. Entity Name ORBAN-HILL UNLIMITED, L.L.C.					
Principal Place of Business 22584 VAN ST ST CLAIR SHORES, MI 48081			Mailing Address 22584 VAN ST ST CLAIR SHORES, MI 48081		
2. Principal Place of Business 1041 Aeon Church Rd Suite, Apt. #, etc. Tallahassee FL		3. Mailing Address PO Box 10543 Suite, Apt. #, etc. Tallahassee, FL			
City & State Tallahassee FL		City & State Tallahassee, FL		07192006 REIN-LLC CR2E101 (11/05)	
Zip 32304 Country LEON		Zip 32302 Country LEON		4. FEI Number 30-0237936	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  ARBOGAST, REBECCA 186 SHELLE DR HAVANA, FL 32333			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 <u>Rebecca Arbogast</u> <u>REBECCA S ARBOGAST</u> <u>MANAGER, OPERATIONS</u> <u>08/16/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$200.00</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ORBAN, TERESE 22584 VAN ST ST CLAIR SHORES, MI 48081	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	10160 Northway Ave Allen Park, ME 48101	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HILL, LINDA J 100 FITZPATRICK RD GRAFTON, MA 01519	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800079215318 08/29/06--01023--002 **200.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HILL, LINDA J 100 FITZPATRICK RD GRAFTON, MA 01519	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800079215318 08/29/06--01023--002 **200.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>8/1/06</u> Daytime Phone # <u>508 839-5455</u>		