2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT 16 AM 9:03

DOCUMENT # M05000003113

1. Entity Name
CENTRAL FLORIDA ONE, LLC

Principal Place of Business	Mailing Address
6220 SOUTH ORANGE BLOSSOM TRAIL, SUITE 110 ORLANDO, FL 32809	6220 SOUTH ORANGE BLOSSOM TRAIL, SUITE 110 ORLANDO, FL 32809

10082006 REIN-LLC CR22101 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite B
City & State	City & State Salt Lake City, UT 84121
Zip / Country	Zip 84121 / Country USA

4. FEI Number 34-2048262 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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: Hiedi M. Liesch Hiedi Liesch Assistant Secretary 10-9-06
Signature, typed or printed name of registered agent and title if applicable — Signature required when reinstating — DATE

FILE NOW: FEE IS $150.00
After January 1, 2007, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RAPID ENTERPRISES 7910 SOUTH 300 EAST, SUITE B SALT LAKE CITY, UT 84121	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500080276575 10/16/06--01044--012 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 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: James D. Bowen 10/9/06
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #