## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# M06000004394

Entity Name: SPOOKY RELICS, LLC

FILED Oct 09, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

551 A HORTON CT 10005 N DALE MABRY HWY

LEXINGTON, KY 40511 TAMPA, FL 33618

Current Mailing Address: New Mailing Address:

551 A HORTON CT PO BOX 12082

LEXINGTON, KY 40511 LEXINGTON, KY 40580

FEI Number: 36-4569273 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAINES, DONNA 1523 STORINGTON BRANDON, FL 33511 US

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.

SIGNATURE: DONNA MAINES

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

 Name:
 REDMON, RICK
 Name:
 REDMON, BRAD D MR.

 Address:
 3652 WINDING WOOD LANE
 Address:
 3652 WINDING WOOD LANE

 City-St-Zip:
 LEXINGTON, KY 40515
 City-St-Zip:
 LEXINGTON, KY 40515

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition Name: REDMON, BRAD Name: REDMON, RICK D MR.

Address: 4609 BRINDLEY WAY Address: 4609 BRINDLEY WAY
City-St-Zip: LEXINGTON, KY 40515 City-St-Zip: LEXINGTON, KY 40515

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name:MARTIN, STACYName:MARTIN, STACY R MR.Address:168 PREAKNESS DRAddress:168 PREAKNESS DRCity-St-Zip:LEXINGTON, KY 40516City-St-Zip:LEXINGTON, KY 40516

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STACY R MARTIN MGRM 10/09/2007