2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 OCT 29 PM 12: 21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M07000002569

1. Entity Name
FIRST LIGHT GROUP, LLC

Principal Place of Business	Mailing Address
7000 WEST CYPRESS HEAD DRIVE PARK LAND, FL 33067	7000 WEST CYPRESS HEAD DRIVE PARK LAND, FL 33067

10162008 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 20-8940852 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REGISTERED AGENTS LEGAL SERVICES, LLC 155 OFFICE PLAZA DRIVE, SUITE A TALLAHASSEE, FL 32301	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 MICHAEL W. ASHLEY, V.P. [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $238.75
After January 1, 2009, Fee will be $377.50

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARKS, MITCHELL 7000 WEST CYPRESS HEAD DRIVE PARK LAND, FL 33067	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SACHS, CHARLES 7000 WEST CYPRESS HEAD DRIVE PARK LAND, FL 33067	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100137181831 10/22/08--01050--014 **238.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT	☐ Change ☐ Addition
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: [signature] 10/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #