2008 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE:
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

THILED SECRETARY OF GRATIONS DIVISION OF CORECLATIONS

Dayume Phone #

1. Entity Nam	MEN # MO700003 TERNATIVE INVESTMENT			08 NOV 12 1	PM 2: 36				
Principal Place of Business 93351 OVERSEAS HIGHWAY TAVERNIER, FL 33070		Mailing Address 93351 OVERSEAS HIGHWAY TAVERNIER, FL 33070							
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address		· · · · · · · · · · · · · · · · · · ·					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			10282008	REIN-LLC	CR2E101 (1	1/07)	
City & State		City & State			4. FEI Numb		<u>`</u>	Арр	plied For Applicable
Zip	Country	Zip Coun		itry	75-3234385 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					
				Name		•			
ALLEN, DAVID R 93351 OVERSEAS HIGHWAY TAVERNIER, FL 33070				Street Address (P.O. Box Number is Not Acceptable)					
			-				FI Zi	p Code	
R The above	named entity submits this statement fo	the purpose of changing it	r ragistari	ad office or regist	avaid account for h	oth in the State of Flori	da Lam familia	cuento s	and accord
	tions of registered agent.	the purpose of changing in	is registeri	ed office of regist	ered agent. Or b	our, in the state of Front	Ja.) aili taltilla	wiui, a	mu accept
SIGNATURE .	イントン	~				1110	6108		
0.0	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Register	ed Agent algnature req	ulred when reinstating	g)	DATE		
	E NOW!!! FEE IS \$238.75 lary 1, 2009, Fee will be \$377.50						check payable Department of		·
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/C	HANGES		
TITLE	MGR	☐ Delete	TITL		80	013785	3U2	iange	Addition
NAME STREET ADDRESS	NEWBERRY, THOMAS J 93351 OVERSEAS HIGHWAY		NAM STRE	EET ADDRESS		08010370		8. 75	5
CITY-ST-ZIP	TAVERNIER, FL 33070			-ST-ZIP	11111	J. J	0,	J	•
TITLE	MGR	☐ Delete	TITLI	E				nange	Addition
NAME	DEMING, PAUL G		NAM.					•	
STREET ADDRESS	50 SOUTH 6TH STREET, SUITE	975		EET ADDRESS					
CITY-ST-ZIP	MINNEAPOLIS, MN 55402			-ST-ZIP					
TITLÉ NAME		☐ Delete	TITLI	"			□ CI	nange	☐ Addition
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			CITY	-\$T-ZIP					
TITLE		☐ Delete	TITL	E			□ c	nange	Addition
NAME			NAM						
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP					
TITLE		☐ Delete	TITL		PARENT	18125		hanne	Addition
NAME		LJ Delat	45	TATPINI	FINICIA	1 200	==	-	, modition
STREET ADDRESS			IJ₽.	LI MODRESS					
CITY-ST-ZIP		·	CITY	'-ST-ZIP .		· .	1 1, 4		
TITLE		☐ Delete	TITL					nange	☐ Addition
NAME STREET ADDRESS			NAM	EET ADDRESS					•
CITY-ST-ZIP				-ST-ZIP					
	certify that the information supplied with	this filing does not qualify f			ed in Chapter 119	9, Florida Statutes. I furt	her certify that t	ne infor	mation
indicatéd limited lia	certify that the information supplied with t on this report is true and accurate and ability company or the receiver or truster	that my šignature shall háv a empowered to execute thi	e the sames report as	e legal effect as it s required by Cha	f made under oa apter 608, Florida	th; that I am a managir a Statutes.	ig membér or m	anager	of the