

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 DEC 19 PM 12: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|  |   |   |   |   |          |
|--|---|---|---|---|----------|
| DOCUMENT # M98000000221  |   |   |   |   |          |
| 1. Entity Name<br>NEXTIRAONE, LLC  |   |   |   |   |          |
| Principal Place of Business<br>2800 POST OAK BLVD., SUITE 200<br>MD 27-21<br>HOUSTON, TX 77056   |   |   | Mailing Address<br>360 N. CRESCENT DRIVE<br>SOUTH BUILDING<br>BEVERLY HILLS, CA 90210 |   |          |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address                              |   |   |          |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                             |   |   |          |
| City & State   |   | City & State                                    |   | 10312007 REIN-LLC CR2E101 (1/07)  |          |
| Zip  |   | Country   |   | 4. FEI Number<br>76-0534950   |          |
|  |   |   |   | Applied For<br>Not Applicable   |          |
|  |   |   |   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |          |
| 6. Name and Address of Current Registered Agent  |   |   | 7. Name and Address of New Registered Agent   |   |          |
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>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  |   | <b>M.C. Summer Pavon</b><br>Assistant Secretary |   | DATE<br>12/3/2007   |          |
| (NOTE: Registered Agent signature required when reinstating)   |   |   |   |   |          |
| <b>FILE NOW!!! FEE IS \$150.00</b><br>After January 1, 2008, Fee will be \$200.00  |   |   | Make check payable to:<br>Florida Department of State                                 |   |          |
| 9. MANAGING MEMBERS/MANAGERS   |   |   | 10. ADDITIONS/CHANGES   |   |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>GORES, TOM T<br>360 N. CRESCENT DRIVE, SOUTH BUILDING<br>BEVERLY HILLS, CA 90210 | <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | CEO<br>Terry Blakemore<br>1010 Haley Road<br>Muirkresboro, TN 37129                                 |          |
|  |   |   |   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                        |          |
|  |   |   |   | CFO<br>Michael McAndrew<br>1000 Park Drive<br>Lawrence, PA 15055                                    |          |
|  |   |   |   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                        |          |
|  |   |   |   | 100113044081<br>12/11/07--01046--001 **50.00  |          |
|  |   |   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                   |          |
|  |   |   |   | 100113044081<br>12/11/07--01046--002 **105.00   |          |
|  |   |   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                   |          |
|  |   |   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                   |          |
| REINSTATEMENT 01   |   |   |   |   |          |
| 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:   |   | <b>Jim Cassibo</b><br>Vice President Finance    |   | DATE<br>12/5/07   |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |   |   | DAYTIME PHONE #<br>952-352-4000   |          |