



2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

NOV 29 AM 9:20

DOCUMENT # M99000001495					
1. Entity Name THE BRINELLI COMPANY, LLC					
Principal Place of Business 2560 N.E. INDIAN RIVER DRIVE JENSEN BEACH, FL 34957			Mailing Address PO BOX 1228 STUART, FL 34995		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1414 Commerce Park Dr			
City & State Zip		City & State Tipp City OH Zip 45371		4. FEI Number 31-1665599	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		10062006 REIN-LLC CR2E101 (11/05)	
6. Name and Address of Current Registered Agent WOODS, WALTER G 310 SW OCEAN BLVD. STUART, FL 34994 2820 SE Martin Square Corporate Park STUART, FLORIDA 34994			7. Name and Address of New Registered Agent 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 <u>Walter H. Woods</u> DATE <u>10/24/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WENRICK, BRIAN A 7590 NEW CARLISLE RD. NEW CARLISLE, OH 45344	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200082101122 11/28/06--01036--004 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WENRICK, NELSON D 1807 DALTON DR. NEW CARLISLE, OH 45344	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>10-24-06</u> Daytime Phone #		