L05 000120271

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LIMITED LIABILITY REINSTATEMENT

BUNT & TREVINO, LLC

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000120271

1. Limited Liability Company's Name

BUNT & TREVINO, LLC

CR2E041 (10/00)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1555 North Palafox Street	1555 North Palafox Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola, Florida	City & State: Pensacola, Florida
Zip: 32502 Country: USA	Zip: 32502 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/16/2005

6. FEI Number: 20-3975721 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: L. Alan Bunt

Street Address (P.O. Box Number is Not Acceptable): 1555 North Palafox Street

Suite, Apt. #, Etc.

City: Pensacola State: FL Zip Code: 32502

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: L. Alan Bunt Date: 9/16/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr/Mbr	L. Alan Bunt	1555 North Palafox Street	Pensacola, Florida 32502
MGR	RICK TREVINO	1555 N. PALAFOX	PENSACOLA, FL 32502

REINSTATEMENT 07/09 AL

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that upon filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: L. Alan Bunt Date: 9/16/09 Daytime Phone #: 850-433-3179

Typed or printed name of signing Managing Member/Manager: L. Alan Bunt

Gerald L. Brown
Emmanuel, Sheppard & Condon
(850)433-6581
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