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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2004 APR 29 PM 2:09
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L99000007797

Name and Mailing Address

100024568781
04/29/04--01011--002 **50.00

100024568781
11/10/03--01086--013 **150.00

0016130 01 MB 0.309 **AUTO T9 0 0615 35555-184451

NEWMAN PROPERTIES, L.L.C.
651 10TH STREET, NW
FAYETTE AL 35555-1844

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 11/15/1999

Principal Place of Business
651 10TH STREET, NW
FAYETTE AL 35555

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
63-1233812

☐ Applied For
☐ Not Applicable

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

CR2E034 (7/03)

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

10. 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 SIGNATURE REQUIRED Allan Farnell, Assistant Vice President

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	NEWMAN, STEPHEN G	651 10TH STREET, NW	FAYETTE AL 35555
MGRM	NEWMAN, DONNA R	651 10TH STREET, NW	FAYETTE AL 35555

REINSTATEMENT 2003-04

12. 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 when 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/Manage SIGNATURE REQUIRED Date 11/2/03 Daytime Phone # 205-932-5730

Typed or printed name of signing Managing Member/Manager STEPHEN NEWMAN