M05000001126

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Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

SCAMMELL CAPITAL MANAGEMENT, LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M05000000126

1. Entity Name
SCAMMELL, CAPITAL MANAGEMENT, LLC

Principal Place of Business	Mailing Address
211 SUNSET DRIVE NORTH ST. PETERSBURG, FL 33710	211 SUNSET DRIVE NORTH ST. PETERSBURG, FL 33710

11022006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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: [signature] CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date: 11/6/2006

Signature, typed or printed name of registered agent and title if applicable. Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $208.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SCAMMELL, DON 211 SUNSET DRIVE NORTH ST. PETERSBURG, FL 33710	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: [signature] Manager 11-2-06 727 347-7574

Signature and typed or printed name of individual. Florida, Kansas, or Authorized Representative. Date. Daytime Phone #