

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

12 MAR 21 AM 9:36

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03/21/12--01005--019 \*\*516.25  
CR2E041 (1/11)

DOCUMENT # M07000002930

1. Limited Liability Company's Name

MUNISERVICES, LLC

2. Principal Office Address - No P.O. Box # 120 CORPORATE BLVD  
3. Mailing Office Address 120 CORPORATE BLVD

Suite, Apt. #, etc.

City & State NORFOLK VA NORFOLK VA

Zip Country 23502 USA 23502 USA

4. State/Country of Formation Delaware

5. Date Organized or Qualified To Do Business in Florida 05/16/2007

6. FEI Number 133528885 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 NRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable) 515 E. PARK AVENUE

Suite, Apt. #, Etc.

City TALLAHASSEE State FL Zip Code 32301

E-mail Address:  
dmaldonado@ibcf.com  
(To be used for future annual report notices)

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 Nana Maldonado, Asst. Secy. Date 3/15/2012  
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Kennon Walthall	2317 3rd Ave. N., Ste. 200	Birmingham, AL 35203
MGR	Christy Cato	2317 3rd Ave. N., Ste. 200	Birmingham, AL 35203

REINSTATEMENT 2010-2012

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 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager Kennon Walthall Date 2/24/12 Daytime Phone # 205-423-4114  
Typed or printed name of signing Managing Member/Manager Kennon Walthall

L. Hampton MAR 22 2012

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

RECEIVED STATE  
DEPARTMENT OF  
12 MAR 21 AM 11:34

CONTACT: KATIE WONSCH

DATE: 03/21/2012

REF. #: 000661.163641

CORP. NAME: MUNISERVICES, LLC

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input checked="" type="checkbox"/> REINSTATEMENT    | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |  |
| <input type="checkbox"/> OTHER:                      |   |  |

STATE FEES PREPAID WITH CHECK# 543707 FOR \$ 516.25

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials