

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

05 JAN 31 AM 10:40

**DOCUMENT # L99000003978**

**1. Limited Liability Company's Name**

1104 PEARL, LLC

**2. Principal Office Address**

2140 11TH AVENUE SOUTH

Suite, Apt. #, etc.

405

City & State

BIRMINGHAM, AL

Zip

35205

Country

USA

**3. Mailing Office Address**

2140 11TH AVENUE SOUTH

Suite, Apt. #, etc.

SUITE 405

City & State

BIRMINGHAM, AL

Zip

35205

Country

USA

**4. State/Country of Formation**

FL, USA

**5. Date Organized or Qualified  
To Do Business in Florida**

JULY 1, 1999

**6. FEI Number**

418703551

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

ELIZABETH J. WALTERS

Street Address (P.O. Box Number is Not Acceptable)

221 MCKENZIE AVENUE

Suite, Apt. #, Etc.

City

PANAMA CITY

State

FL

Zip Code

32402

**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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

1/24/85

**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	JAMES H. LEWIS	2140 11TH AVENUE SOUTH	BIRMINGHAM, AL 35205

**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.**

Signature of  
Managing Member/Manager

*[Signature]*

Date

1-28-05

Daytime Phone #

205-933 5080

Typed or printed name of signing Managing Member/Manager

JAMES H. LEWIS

CP2E041 (10/02)