

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 OCT 19 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

**Pearson Fox Cor, LLC**

2. Principal Office Address

**Summit**

3. Mailing Office Address

**Summit**

**7145 Halcyon Drive**  
Suite, Apt. #, etc.

**7145 Halcyon Drive**  
Suite, Apt. #, etc.

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

**1/27/2000**

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$3.00 Additional Fee required  
for a Certificate of Status**

City & State **Montgomery, AL**

City & State

**Montgomery, Alabama**

Zip

Country

Zip

Country

**36117**

**USA**

**36117**

**USA**

8. Name and Address of Current Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

**600004652476-9**

**-10/25/01--01019--010**

**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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

Date

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	David E. Pearson	7145 Halcyon Drive	Montgomery, AL 36117
MGR	John A. Fox	9712 West Markham	Little Rock, AR 72205

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

Date **10/17/01**

Daytime Phone # **334-270-9500**

Typed or printed name of signing Managing Member/Manager

**David E. Pearson**

CR2E041 (9/01)