

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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1. DOCUMENT # L00000005298

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MATTOX PROPERTIES, LLC
834 MAYS ROAD
TALLAHASSEE FL 32312-1817



REINSTATEMENT 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/09/2000	
Principal Place of Business 834 MAYS ROAD TALLAHASSEE FL 32312	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1063485	Applied For Not Applicable
8. Name and Address of Current Registered Agent MATTOX, STEVE M 834 MAYS ROAD TALLAHASSEE FL 32312		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800027062918 01/16/04--01004--003 **150.00 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 <u>SIGNATURE REQUIRED</u> Date <u>12/30/03</u> 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	MATTOX, STEVE M	834 MAYS ROAD	TALLAHASSEE FL 32312
REINSTATEMENT 2003			

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/Manager SIGNATURE REQUIRED Date 12/30/03 Daytime Phone # 850-383-1966

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)