LE EF D LIFED LIABILITY COMPANY REINSTATEMENT DOCUMENT # L OCCOO 1. Limited Liability Company's Name H. KEITH MIX	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	ON ETING HIS DRM O3 FEB I3 AM IO: 48 SECRETARY OF STACE TALL SHASSEE FLORIDA TO 10 1003-01080-001 **200.00
2. Principal Office Address	3. Mailing Office Address	· *
328 NOCEAN PLUD	•	4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	FLORIDA
City & State	*City & State	5. Date Organized or Qualified To Do Business in Florida 7/2000
forphio sence - FI	ony a state	6. FEI Number Applied For
Zip Country	Zip Country	7. Not Applicable
33005 724		CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Gity Port April 203 State Zip Code FL 23002 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 12 / 30 / 02 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
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	REINS	STATEMENT 200 2003
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 filling 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. Signature of Managing Member/Manager Date Date Daytime Phone # Typed or printed name of signing Managing Member/Manager H. KEITH MIZELL		