PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
02 MAR 19 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000012247

1. Limited Liability Company's Name
XTC, LLC

1/14
2001

2. Principal Office Address	3. Mailing Office Address
69 PARADISE POINT LANE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SANTA ROSA BEACH, FL	City & State
Zip: 32459 Country: USA	Zip: Country:

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 5 OCT 2000

6. FEI Number: 62-1835155 ☐ 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: MIKE HEARD

200005171722--9
-03/27/02--01048--004
****200.00 ****200.00

Street Address (P.O. Box Number is Not Acceptable): 69 PARADISE POINT LANE

Suite, Apt. #, Etc.:

City: SANTA ROSA BEACH | State: FL | Zip Code: 32459

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: James A Pritchard Michael Allen Heard Date: 11/19/01
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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
PARTNER MGRM	ROBERT E. GREENE	3675 ALTA CREST DR	B'HAM, AL 35243
PARTNER MGRM	MICHAEL A HEARD	69 PARADISE POINT LANE	SANTA ROSA BEACH, FL 32459
PARTNER MGRM	JAMES A PRITCHARD	3637 SPRING VALLEY Rd	B'HAM, AL 35223

REINSTATEMENT

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: James A Pritchard Date: 11/19/01 Daytime Phone #: 205 969 0359

Typed or printed name of signing Managing Member/Manager: JAMES A PRITCHARD