

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -8 AM 10:55

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000001020

1. Limited Liability Company's Name

Monroe-Tharpe, LLC

2. Principal Office Address

19806 Panama City Beach Parkway

3. Mailing Office Address

19806 Panama City Beach Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

City & State

Panama City Beach, FL

Zip

32413

Country

USA

Zip

32413

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1/19/2001

6. FFI Number

582596541

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name

Robert E. Blackerby

900066205059

02/20/06--01049--012 **25.00

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

19806 Panama City Beach Parkway

Suite, Apt. #, Etc.

City

Panama City Beach

State

FL

Zip Code

32413

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

Robert E. Blackerby

Date 2/1/06

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
MGRM	Robert E. Blackerby	19806 Panama City Beach Parkway	Panama City Beach, FL 32413

REINSTATEMENT 04-06

11. I certify that I am managing member/manager of 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

Robert E. Blackerby

Date 2/1/06

Daytime Phone# 850-233-0505

Typed or printed name of signing Managing Member/Manager

Robert E. Blackerby